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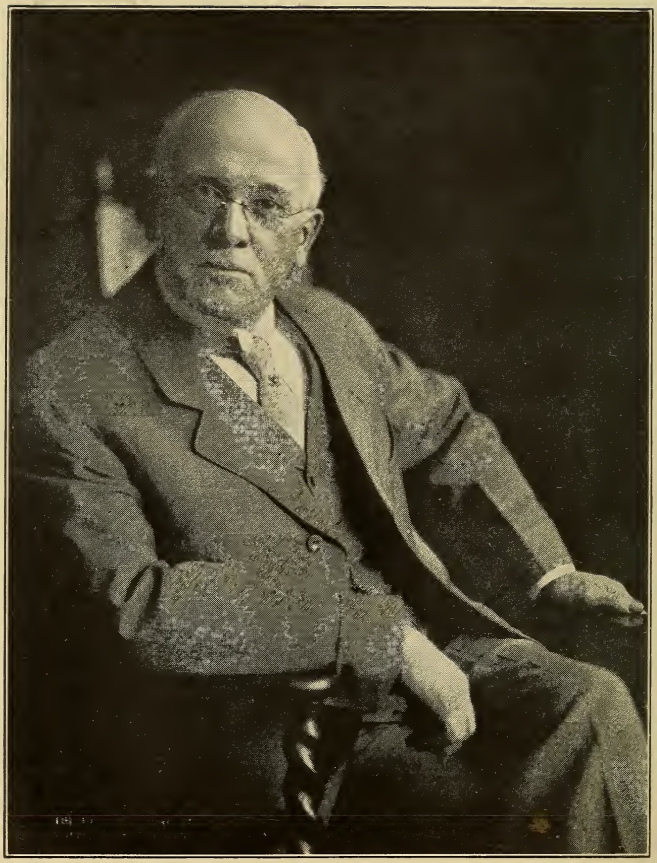

J. H. TILDEN, M. D.

Care of Children and Mothers

BY

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Every child has a right to be well born, and it is a crime for people to assume the responsibility of parenthood without adequate knowledge; hence this book

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Foreword

There is no crime greater than the bringing of children into the world haphazardly. When young people are married without any thought regarding their health; without any thought regarding their mental condition; without any thought as to their fitness for assuming the responsibilities of parenthood, they are taking upon themselves the responsibility of cursing children before birth, by transmitting to those children the effects of the careless life they have been living physically and mentally.

Inasmuch as there is a growing sentiment in opposition to blind haphazard in the raising of children, I have taken upon myself the responsibility of writing a book to aid those who wish to get out of the conventional lines in knowing how to prepare themselves for childbirth and the care of their children after birth.

DEDICATION

If this little book will enable a few mothers to have better health for themselves and raise ideally healthy children—children that will be a pleasure and comfort to them—I shall have been rewarded for my effort.

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Preface

HEREDITY—WHAT IS IT?

THE care of children should begin with their conception at the latest, but for finest results it should begin several generations earlier.

A line of ancestry free from viciousness, possessed of poise—which is another name for health—should transmit intelligence and health to its offspring. The health and intelligence transmitted are in the form of potentiality, and after birth, if these qualities develop, they must be cultivated.

An inheritance of morality may be kept down by an environment of immorality; an inheritance of intelligence may be inhibited by an environment of ignorance.

When crime and criminal nature are recognized as disease, or as the functioning of structure unideally developed, society can begin to do a developing work at the very foundation of morality and ethics.

The sound given out by a musical instrument depends upon its construction and the material out of which it is constructed. The character of the musical harmony sent out depends upon the player.

While the human body is not stereotyped, or confined to narrow limits, like an inanimate instrument, yet there is much in common between the two. The human machine may, by a cultivated will, compel a defective anatomism to give out functions that are not wholly natural to it. For example, people may be taught to sing and play musical instruments by the hard and fast rules governing music—

on the order of player instruments—when in reality they are not musical. By strict drill, physical defects in all lines may be largely controlled, proving the arbitrariness of habit. Habits that are not natural, but made potential by inheritance, may be overcome. This makes the human machine different from the inanimate machine.

Heredity is not the hard and fast lines that many think. It shall be my endeavor to point a way of development for those who are not blessed with the advantages of birth or a favorable environment.

The first requirement for a healthy, normal human being is to be born well. I do not mean born in luxury and with the advantages of wealth, but born in health—which is more than wealth.

Introduction

CARE OF MOTHER

ONFINEMENT, or childbirth, is a natural phenomenon. When *travail* is allowed to advance along normal lines, the suffering is not great, barring anatomical deformities.

The reason for so much pain and complicated labors, with worn-out mothers, and more or less injury to both mothers and children, is that mothers do not live normal lives. They are not allowed to go through labor naturally. The profession is more often officious and meddlesome than otherwise. Not wilfully or knowingly officious, I would say; but physicians are trained into a belief that it is their duty to help suffering. In doing so, they often complicate labor, and make it unnecessarily painful and dangerous to the health and life of both mother and child.

When mothers have been imprudent in eating too much, and perhaps indiscreet in other ways, they may have indigestion and gas that trouble them much. Disturbances of this character cause much discomfort near the end of gestation. Pain from gas distention near the end of pregnancy fools the prospective mothers and their doctors into believing that the early stages of labor have begun, and both doctor and patient get busy in doing something; perhaps, at first, nothing more than allowing themselves to be deceived into the belief that labor is about to begin, and the disquieting effects that disappointment always brings when labor does not advance.

This stage is where the full value of an expert obstetrician is seen. He makes his examination and declares to his patient: "Your labor has not begun. The neck of your womb has not taken on the characteristic changes which announce that labor is imminent. You will not be confined for a month yet." But the patient will insist: "My time is up." The doctor *who knows,* answers: "You have made a miscalculation in time. Be patient and allow your labor to come as it will. The longer your labor is postponed, the easier it will be."

The greatest crimes and the display of the densest professional stupidity in obstetric practice are committed at exactly this stage. They consist of the blundering perpetrated in hurrying labors from twenty-four hours to one or more weeks in advance of regular time.

Correct living during gestation, patience on the part of the patients, and doctors intelligent enough to wait until labor comes from a full preparedness, will do away with the need and excuse for drugs to deaden pain and instruments for expediting labor.

Too often a desire on the part of the doctor to end labor quickly gets him and his patient into a lot of trouble.

A bit of advice for prospective mothers: Do not be impatient! When the time approaches for confinement, say to your doctor: "Doctor, if I do not need you for one or more hours, go and attend to other professional duties, and I shall call you when you think you will be needed more than you are now." Of course, a physician of character, personality, and knowledge will save his patient this necessity by saying to her: "I shall go and return in one, three, or six hours, as may be necessary. Then I shall be able to do something for you."

Patients who are nervous and must have their doctors present all the time need not be surprised at being injured by the doctors endeavoring to beat time in advancing or hurrying labor.

There are professional cowards galore; there are professional men who allow their patients to dominate them; and these are the men who prepare women for hospitals, and cause a lot of trouble—sickness and death—with children.

If physicians do their duty, the causes of pain and distress—long labors, with mutilated mothers, and bruised and worn-out babies—will be removed by teaching mothers how to live during gestation. Instead of mothers living in such a way as to potentialize their labors with trouble, they may live so as to make gestation and confinement a renewal of life and the happiest time of their existence. A mother should be regenerated with every birth. It is natural for mothers to be rewarded for propagation.

Professional ignorance, plus lay stupidity, has brought us to a stage of evolution wherein the dread of childbirth has killed out much of the mother instinct.

The nightmare brought on by food drunkenness, plus twilight sleep and other drugs, instruments, lacerations, hospitals for repairs, injured and killed children, has almost prepared our women for race-suicide.

This horrible incubus may be done away with. It is not necessary. (See "Diseases of Women and Easy Childbirth.")

Few mothers realize the awful responsibility, as well as the divine privilege, of child-bearing. Of those who have the comprehension I will ask: What is there that can equal the privilege of being the author and builder of a human being? I shall take pleasure in pointing out to those who would be real mothers—mothers of superior children—and who are willing to be taught, how to liquidate their debt to nature in some small part, and know how to avoid, as far as possible, handicapping their prospective children with physical and mental weaknesses. To such I shall point out in what way mothers do their children harm and in what way they may do them good.

Because of conventional customs and the general and prevailing ignorance, most children are brought into the world handicapped in many ways; all of which is entirely unnecessary.

Ignorance may be excused in the masses; but the leaders of society—the literary, ethical, and religious teachers—have no excuse. Therefore the cause of sensuality in their lives, to the extent of disregarding the rights of their own children to demand as pure and wholesome a conception and gestation as the knowledge of the day will permit, must be ascribed to *degeneracy.*

Before birth.—Prospective mothers are too often given over to cultivating sensuality, satisfying morbid appetites and desires in eating, drinking, and otherwise living unwholesomely and unwisely.

There is a dietary fallacy, quite wide-spread and unfortunately too generally practiced for the good of the children, namely: "A pregnant mother should eat for two." Besides this fallacy, there are others, too numerous to mention. It is generally believed that mothers should be indulged in everything they wish; that it is unwise to deny them anything, especially in the eating line. As a result of this false teaching, many indulge themselves to such an extent that they soon cultivate many morbid desires; and, in undertaking to satisfy these, they bring upon themselves a very perverted state of health, both physical and mental. The stomach suffers greatly from indigestion, as a result of being oversupplied with food, and the prospective mother becomes very irritable. I have seen many who lived so irrationally that they made themselves and those around them miserable during their entire pregnancy.

If a mother would have an obedient child—a tractable, lovable, reasonable, sensible, healthy, and wholesome child—she should live the life herself. Why should

mothers expect temperate, moderate, and sensible children, when they themselves live lives just the opposite?

A mother who holds to the childish notion that her wants—whether they be good, bad, or indifferent, sensible or silly—should be indulged to keep the child from being marked, should know that the worst possible mark of inheritance for a child is to be born with no self-control—with no higher ambition than to live to gratify appetites.

We cannot expect to gather figs from thistles. Neither can we expect children with self-control from mothers who have none.

If a mother conceives in lust, gratifies every abnormal craving, and keeps her nervous system at a high tension from food poisoning, the child must come into the world abnormal; for how is it possible for it to be fed by her blood and not suffer from the perversions from which she suffers?

If mothers would have normal children, they must live normal lives.

Morning sickness comes from nervous irritability due to food poisoning; which means that the individual has been eating and living intemperately—more food has been eaten than the system can take care of properly—with the consequence of imperfect combustion and retention in the body of by-products and other waste material.

A body surcharged with such material is in a state of autotoxemia—*constitutional food poisoning.* People in this physical state have catarrhal inflammation of different parts of their bodies. Women have catarrhal inflammation of the womb, and especially of the neck of the womb. When they become pregnant, they are sure to have morning sickness; and this sickness will always be in keeping with the severity of the local inflammation as well as with the degree of constitutional impairment.

It is well to know that a healthy woman will not have morning sickness; also, that she will have neither painful menstruations nor painful labors.

Child-bearing is as natural as breathing. When it takes place in a normal, healthy woman, it will be devoid of suffering. Painful labors, painful menstruations, and morning sickness are unnecessary, and are really indications of a *wrong life,* which, if continued, will lead to the developing of one of the many diseases for which women are sent to the operating-table.

The farther from a normal standard of health the mother departs, the less resistance she will have to impart to her child. The nervous irritability of mothers during the gestation period must leave its impress upon the children born under such circumstances. After they are born, they must of necessity be nervous and hard to care for, because of their morbid inheritance. Such children are troubled with indigestion from the slightest provocation.

Many, if not all, children born under conventional circumstances are more or less incumbered with flesh. Instead of weighing five or six pounds, they weigh from ten to twelve. Because of this overweight, mothers have long, tedious, and painful labors, and too frequently are forced into instrumental deliveries. As a sequel, such mothers suffer greatly from bruises, contusions, and lacerations. It matters not how careful the physician who officiates at such confinements is to be scrupulously clean, these women usually have enough septic infection to cause their milk to be unwholesome. Even if they escape having a light septic infection, the severe labor breaks down so much tissue that the blood is deranged, and the secretions, including the milk, are impaired to such an extent that, before the doctor and the nurse are suspicious that anything is going wrong, the baby is very sick. This necessitates taking the child from the mother's

breast, which is equivalent to weaning it; for the mothers are usually as much incumbered with flesh as the children. Because of this incumbrance, in addition to the blood impairment described above, they cannot be restored to a normal state until long after they have lost their milk.

It is customary, under these circumstances, to use breast pumps. But this practice is not satisfactory. It has been found that when the pump is used the breasts are more or less bruised, and the bruising causes inflammation and suppuration. It has been found that there are more abscesses following the use of the pump than when it is not used. It has also been found that, when there is sufficient physical derangement of the mother to impair the milk, rendering it unfit for the child, the tendency is so strong for the secretion to dry up that all efforts at retaining it, by keeping the breasts emptied, are fruitless.

When a child is really made sick because of the impurity of its mother's milk, it should be taken from the breast and the milk allowed to dry up. There should be little danger of making a mistake; for the mother's physical impairment will show for itself. However, I have seen a few mothers whose general appearance was so good that a slight septic infection from an unsuspected tear in the neck of the womb would not have been discovered, had it not been for an unaccountable sickness in the children soon after birth, which caused a suspicion of septic poisoning, and prompted an examination which proved the correctness of the suspicion.

Convulsions in nursing children, not traceable to objective causes, will usually be found to come from slight septic infections of the mothers, due to injuries incident to childbirth. Therefore it is well to investigate carefully all unaccountable sicknesses occurring in young children soon after birth, with a view to locating the trouble in a blood derangement of the mother, and

discovering, if possible, whether it comes from septic poisoning. I am quite satisfied that to this cause a majority of the imbecile, mentally unsound, and idiotic owe their misfortunes. If this belief is correct, it is very important that everyone should know of these facts, and endeavor to spread the information, so that such a calamity may befall as few helpless infants as possible.

When a mother's milk is suspected of causing the illness of a child, it should be proscribed at once.

Children may be made sick by too frequent feeding, or overfeeding, of the purest milk from the healthiest of mothers. Physicians have no excuse for not being able to distinguish between a sickness coming from impure milk and one coming from an oversupply of pure milk. Even intelligent mothers and nurses should be able to make the distinction.

When a child is sick from an oversupply, it usually has a history of health. It has been thriving. Everyone has remarked how well it looks and how fast it has been growing. It has a season of constipation; for one of the indications of an oversupply is sluggish bowels. For a while before the sickness comes there are curds in the stools, and these milk curds increase until the child is sick.

When a child is made sick from impure milk, it does not thrive from the start. That is, if the mother's milk is lacking in some of the important elements, the child does not do badly, neither does it do well; it simply does not thrive as the parents and friends wish it to. As time runs on, the baby becomes restless, and those taking care of it begin to suspect that it does not get enough food. Its face takes on a withered appearance; it shows more and more signs of marasmus. At last all decide that the mother's milk does not nourish, and a change to cow's milk soon proves that all the child needed was more nourishment. This is a simple case. Another type pre-

sents about the same symptoms, with stomach trouble added. The child vomits occasionally, and has unmistakable colic or pain in the abdomen, and sometimes a slight diarrhea. These little sicknesses do not amount to much; yet the child does not thrive and, as in the case of the second type described, the emaciation becomes so severe that resort is had to artificial feeding, with the result that the child improves and the mother's milk is allowed to dry up.

The real septic-poisoning case thrives perhaps for a week, and possibly for two weeks. It may take the mother's blood from one to two weeks to become so contaminated that it poisons the child. The first evidence of a sick baby will be that it has a spasm. Of course, everyone is surprised; the mother has been getting on fairly well, and she is out of bed; she does not feel so well, perhaps, as she did at other labors; yet there is nothing worth mentioning to complain about. No one should make a mistake about the manner of disease coming from septic poisoning.

Of course, it is unfortunate for a mother not to be able to nurse her child, but there are worse calamities. The possibility of bringing on any one of the misfortunes referred to above is one of these—one that should cause a mother to decide very quickly that her duty is to stop nursing.

Taking the child from the breast, under the circumstances referred to above, forces artificial feeding on one ill equipped with digestive power and bodily resistance to meet the requirements. All such children have entered the world handicapped by functional derangements that are liable to stay with them throughout life. These children have such low resistance that they are made sick by every ill wind, and they are very fortunate if they do not meet with a sickness severe enough to cause their death before they are through teething. Yet, every-

thing considered, artificial feeding offers the greatest hope for them, when the mothers have septic infection.

A heavily incumbered child is necessarily an abnormal child. It is not only started in life with an excess of tissue, but it must, because of its great size, suffer from unusual bruising at birth. This bruising means much breaking-down of tissue, which adds to the work of its eliminating organs. Then, if its fretfulness, caused by the soreness coming from the extra bruising, is interpreted as a hunger, and the child is fed to excess for a few days, a fatal sickness may be brought on. A slight sickness—a little indigestion—is often converted into a fatal sickness in a few days, through unnecessary feeding.

Another enervating factor in child-life is fear. Many things cause fear. In some instances the mother may be depressed all through the gestation period because of worry about financial matters; or she may be fearful or anxious about the safety of herself or her child. She may dread labor.

Some mothers are subjected to more or less abuse. Others live in unwholesome localities. Because of ignorance, there is not enough attention given to ventilation, and beds are often old and unfit for use.

The world is full of "Job's comforters" of all kinds. Those who disturb the peace of mind of prospective mothers are, however, the vilest; and I wish my opinion of them to get to their ears, if possible. They certainly are the devil's own. They make a business of retailing every story they ever heard of unfortunate labors to all the pregnant women they can reach. If they read of someone dying, or hear of a desperate case of labor, where instruments were used, the child born dead, and the mother lacerated; or where abscess of the breast, milk-leg, peritonitis, pelvic abscess, or any other unhappy ending, developed, they immediately go to every pregnant woman accessible, tell her all they have heard, and expatiate

on the story as much as possible. They take a fiendish delight in creating as much fear and anxiety as they possibly can. These morbid-minded, senseless creatures are the most despicable people on earth, and those who tolerate a second visit from them are not much to be pitied.

Women who live as they should are not nervous enough to pay much attention to such stories. Besides, they are too intelligent to associate with story-tellers. But the women who do not know how to take care of themselves, and are very nervous from wrong life, are often driven to desperation by these horrible telltales.

It is not uncommon for mothers to be abused sexually by ignorant and sensual husbands. This should not be. Not a few women meet with *miscarriages* and *premature labors* because of this abuse; and they are wholly ignorant of the cause. Children are frequently rendered so delicate by this abuse to their mothers that they are born dead, or die soon after birth. Many children are born with fair vital resistance, but because of this prenatal abuse to their mothers they do not have sufficient vital power to resist the ordinary influences incident to the lives of young babies; hence they require careful nursing and extra watchfulness to keep their digestions in order. Mothers abused in this way do not furnish proper milk for their children, and are inclined to lose the secretion very soon after the child is born.

During the hot weather nursing mothers should not be subjected to sex or any other avoidable excitement. It is a shame that civilization needs to be cautioned on the sex subject. But what I am writing now on this subject will be a surprise to many intelligent readers. Is this not a sad reflection on our popular education?

Mothers should be allowed to forget the sex subject from conception to the weaning of the child. How many are? How many of our most intelligent people know that

it requires as great care to bring forth ideal children as it does to bring forth ideal stock—horses, cattle, dogs, etc.? Does the reader say that all intelligent people know this? If intelligent people do know this, why do they not employ the best means known for child-raising? Is man so perfect that he does not need to be improved? Is it a mark of wisdom for people to beget, gestate, and rear children under influences that would fail to bring forth good stock—in fact, if practiced in stock-raising, would cause the stock to degenerate?

Is there one child in a thousand—yes, in ten thousand—correctly conceived, gestated, born, and raised? If there is, it would be a pleasure to know about it. Do we realize that humanity, as we see it today, is the product of ignorant haphazard; that man's possibilities receive absolutely no intelligent prenatal consideration and cultivation—in truth, neither pre- nor postnatal consideration of a scientific, eugenic nature? Yet, in spite of that fact, man's intrinsic worth keeps him from deteriorating; and, indeed, it causes him to forge ahead a little. This being true, can anyone even imagine to what heights of perfection he could rise if he were subjected for a few generations to correct rules of development?

Few parents know that family quarrels are injurious to unborn children, as well as to those who are growing in the home atmosphere. Few mothers know that every time they give way to harshness and impatience, speak crossly and fretfully to their children, or lose their tempers, they are breaking down their children's resistance, weakening their hearts, and stupefying their brains.

Children thrive in an atmosphere of love, and it is positively necessary for perfect development. In an atmosphere of impatience, envy, hate, and fault-finding, the seeds of physical and mental disease spring up, and the delicately organized children, with nervous mental temperaments, die of cholera infantum, diphtheria, in-

fantile paralysis, and other diseases. That is what convention and the burial certificates say; but truth says they die from want of love.

After a child has eaten heartily of an ordinary meal, if the home atmosphere is unpleasant; if the mother allows herself to show a feeling of impatience; if she speaks to the child in a tone of unkindness, the child may be forced into a depressed state of mind, which is always followed by indigestion. The food decomposes, and ptomaine poisoning may result. Just what form or type the disease may take, following indigestion, depends on the environment. It may be a gastritis, or, if the environment is favorable—if the atmospheric conditions favor zymosis—it may be scarlet fever or diphtheria.

There is more sickness among children of the nervous mental temperament due to mental depression brought upon them by unkindness of parents, guardians, and teachers than from any other one cause.

When children of strong bodies and mediocre minds are subjected to the disease influences referred to, the manifestation is in crime instead of sickness. Instead of pining away and actually dying of tuberculosis or some other consuming disease, as many with the delicate nervous temperament do, they live, and the fruitage of abuse is the building of crime.

The unkindness of parents to children is fearfully far-reaching. Parents should become enlightened on this subject; for, unless they do, they cannot love—indeed, they cannot be kind. Love and kindness, to be true and lasting, must be founded on knowledge. We must know our duty.

I surely have covered enough ground to convince the reader that the causes of sickness in children are many and far-reaching; and many causes are of such a nature that parents must be informed before they can be overcome. The reader should see also how very absurd it is

to give drugs for the cure of a disease that is due to prenatal mismanagement.

Mothers should be well balanced—well poised. They should govern more by example than by precept. It is not well to see every error, and by no means should mothers lose the respect of their children by detective work. Correcting must be done with enough tact to leave the impression on the child's mind that it is a very disagreeable duty, and distresses the parent as much as it pains the child.

Parents should try to be their children's best friends. Unfortunately, this is not always true.

Any style of living that is not conducive to the development of first-class health in the ordinary individual is certainly unfit for mothers during their gestation period. Any life that is not ideal leaves its impress on the child; and this impress may be set down as one of the numerous causes leading to stomach and bowel derangements in young children, and to much ill-health of a different nature in older ones.

Any influence not building in its nature strikes at the very citadel of life; namely, metabolism—digestion and assimilation. Life and development depend upon the power to take care of food, and this power resides in the nervous system.

After birth.—All mothers should know that they must avoid overheating their bodies—avoid excitement, anger, overeating; in fact, avoid everything tending to derange the quality of their milk.

It is a matter of record that angry mothers have killed their children by nursing them while in the heat of passion. Children are in danger of being thrown into convulsions by nursing milk from the breast of an angry mother, or from a mother whose blood is poisoned by worry. Any influence that depresses the mother, or

excites her, or overstimulates her, ruins her milk; and this makes nursing children sick.

It is not uncommon for mothers to give young children a little food from the family table. *It is so cute to see the baby eat!* This is the cause of much stomach and bowel trouble in babies.

That every person, old or young, high or low, rich or poor, takes into his body every day in hot weather more or less food that has taken on retrograde change, there can be no doubt. This change in food is supposed to be rendered innoxious by cooking; that is, if meat has soured—become tainted—thorough cooking is supposed to overcome this change. The same is true of vegetables and fruit. But, in spite of cooking and every other precaution, as stated above, everyone takes more or less decomposition into his system every day; and, if he does not suffer on account of this, it is because he has enough vital resistance to overcome the poison.

The retrograde change in food is decomposition, and this change is brought about by fermentation. Fermentation may be divided into two types; namely, physiological and pathological. The converting of starch into grape sugar by ptyalin is a type of physiological fermentation. To bring this change about, it is necessary that the starch, or the food containing starch, be thoroughly masticated and mixed with the saliva. If the food is swallowed without mixing it with saliva, the starch takes on pathological fermentation.

When a child is fed beyond its digestive power, a pathological fermentation takes place. If the child's resistance is not broken down, and it is fed within its digestive capacity, bacteria do no harm. Are they not present at all times from the beginning to the end of every life? This being true, it is unnecessary to discuss the subject.

In this connection it may be well to say that the best prophylaxis against diseases of the stomach and bowels

of all young animals is the mother's milk. There is an inherent property found in the milk of the human mother, and in the milk of all mammals, which protects the nurslings. Health—full health—is all that is required to insure this great prophylaxis.

It is declared that there are antibodies found in the blood and milk of animals, and that these antibodies have the power to destroy bacteria. If milk is boiled, this natural protection is lost. If it is not boiled, this property is not destroyed by digestion; hence it enters the body of the child and becomes an ally of health; or, in other words, it increases the bodily resistance.

The reason why I am going to such great length in pointing out the many detrimental influences to child-life is because it is necessary for the mothers to know all, or they will not know what is necessary to do in order to secure the greatest health and mental development.

If mothers know that ill-health and handicapped minds are gifts from them to their children—gifts wholly unnecessary and avoidable—they will get busy, and learn to live in such a way as to develop healthy children.

Homes must be kept in wholesome condition. Doors and windows should be wide-open in summer, and the house must be well aired in the winter time. Everything in the line of food disposed to ferment should be kept on ice or in cold water; and food products that are unfit to eat should be burned, instead of being put in open containers and left in the back-yard to decompose, feed flies, and send out offensive odors. Such gases are not only offensive, but they are poisonous, and the filth draws flies and favors their multiplying. The flies then become distributors of decomposition by carrying their filthy load to all parts of the country.

Too little attention is given to flies, rats, mice, cats, and dogs. Those who are in the chicken business, or who have anything to do with the raising of animals, do

not have the knowledge they should have to protect themselves and their families from the diseases which these animals are capable of bringing to them.

There is positively no excuse for having flies in one's home. Waste from the kitchen that cannot be fed to animals should be burned. Odors bring flies, and there is no excuse for odors. If everything that makes an odor is burned, there will be no food for flies.

Rats and mice are capable of carrying a deadly load of decomposition into any house accessible to them.

They load their bodies with decomposition, and, when convenient, deposit a part of it on food that is to be eaten by people who have not the slightest suspicion of the danger they are in. The domestic finds that a mouse has nibbled at a cake, a pie, a piece of cheese, or some other food. She thinks nothing of trimming off the nibbled portion and serving it to the family. If she thinks anything about it, it will be to congratulate herself on her economy. Perhaps the mouse has but recently left the carcass of a dead animal. These animals have the habit of storing food, and their bodies are always charged with foul enzootic and zymotic poisons; for their food and habitations abound in such poisons.

The domestic animals carry disease to children from house to house. Our health officers quarantine houses, and restrict the going and coming of the human beings; but dogs and cats, rats and mice, flies and other insects, are as free as the air.

The household pet—the dog or cat—is allowed to stay on the bed to comfort little Johnnie or Lizzie Jane while he or she is confined to the house with diphtheria or scarlet fever, or possibly a suppressed case of small-pox. Of course, doggy or kitty must sleep in the arms of our sick boy or girl; and when the animal is tired of its confinement, it leaves the house and visits the neighborhood. The neighboring children cannot visit their sick friend.

If they did, the mighty health law would meet them at the door and say: "You cannot enter here. It is my duty to protect you and all others who are too ignorant to know how to protect themselves." Of course, these little folk are sorry, and, to show their love for their sick friend, they make a special effort to be kind to the doggy or kitty. It is taken in their arms, loved and petted, given lots of food, and, because the little animal is lonesome, it is persuaded to stay in the homes of the friends as much as possible, until its master is well again.

Dogs have strong atavistic tendencies. They may be washed, combed, and perfumed as daintily as possible; yet, if the opportunity presents itself, these clean, perfumed dogs crawl into a carcass and wallow in it. They appear to be unable to satisfy themselves, when they have an opportunity of this kind. They usually act as though they wished to carry all the stench possible, for fear they might never have another opportunity. This is positively a dog habit, and one which is certainly not conducive to keeping a family of children healthy.

This knowledge should be in the possession of every family, so that people who want to be clean and avoid disease influences may know how to do so.

There is no doubt in my mind, after years of careful observation, that it is dangerous to the health of children to raise them in the house with cats and dogs. If animals must be indulged in, they should have a house of their own, and children and animals should meet in the open—on the lawn or in the field—but should never be housed together.

It is well to remember that flies, rats, mice, germs, and parasites are scavengers and are not found where cleanliness abounds.

DIET IN PREGNANCY

What should a pregnant woman eat?

There is a popular idea that because a woman is pregnant she should gormandize. "Eat for two," is the popular way of expressing it. This is a mistake; for overeating builds enervation, enervation inhibits elimination, and, as a consequence, more or less auto-intoxication is taking place all the time, and vital organs are unable to perform their functions properly.

Heart.—The rheumatic heart is liable to be so abused by conventional stuffing that the patient will die before pregnancy is completed, or from the shock of labor. Many such subjects will suffer much from dropsical infiltration of the legs, and sometimes from general dropsy.

Kidneys.—Those with an inclination to kidney derangement will have the function of the kidneys so impaired that uremic coma and convulsions are liable to complicate labor and often cause death.

Varicose veins.—The veins in the legs of those of relaxed muscular habit of body will enlarge and give much discomfort. After one or two pregnancies, women of this character are troubled all the time with varicose veins, which often develop varicose ulcers on the ankles.

Subinvolution.—The womb fails to return to the normal size, but remains large, heavy, and liable to take on fibroid degeneration. The circulation in the womb is so impaired that injuries at childbirth do not heal, but remain ulcerating and throwing off a disagreeable discharge.

"Eating for two" costs many times the worth of the pleasure.

Long, tedious, painful labors are liable to be the price paid by everyone who foolishly follows custom in building and indulging an abnormal appetite.

Besides the immediate troubles above enumerated, the ground-work is laid for many future diseases; namely, tumors, cancers, etc.

All that has been stated above should be such common and popular knowledge that for me to write it would be inexcusable platitude. Why is it not? Because the medical profession is so busy medicating and operating on victims of the indiscretion of *eating for two* that many have forgotten that there is a cause, and that this cause might be prevented.

What to eat.—Use fruit, and nothing but fruit, for one meal a day—always fresh, uncooked fruit when it can be had. How much? Do not stuff! One or two apples, if large ones; if medium-sized, two or three; and other fruits in like quantity. In cold weather add two ounces of the sweet fruits—either raisins, dates, or figs.

If fruit is eaten for breakfast, lunch may be four ounces of well-toasted, whole-wheat bread and butter, followed with a glass of milk or two cups of teakettle tea.

A few proper lunches.—A piece of pie and a glass of milk; plain cake and ice-cream; cake and a cup of custard; toast bread and a combination salad; strawberries, or other berries, with toast and butter; cottage cheese or two ounces of cream cheese, with fruit; rice and milk; two glasses of buttermilk; in cold weather, four ounces of raisins, dates, or figs, and a pint of milk; or fresh fruit in place of milk.

Dinners.—Dinner may be eaten at noon, if desired, and what I have suggested for lunch may be taken for supper.

Dinners may be any kind of fresh meat. Lamb and chicken are the best. However, any fresh meat desired may be used, with two cooked, non-starchy vegetables and a combination salad. (See the "Food" book for lists of non-starchy vegetables and starchy foods; also for salad mixtures.)

Nuts and cheese may be substituted for meat. Forty half-meats of the pecan, or twenty to thirty half-meats of the walnut, and two ounces of cheese. Occasionally for dinner drop meat and nuts, and have baked potatoes, navy beans, butter beans, dry peas, corn bread, or any of the starchy foods listed. With these starchy foods the non-starchy vegetables and salad may be eaten. The salad, when eaten with starches, should be dressed with salt and olive oil.

There positively should be no eating between meals, and all irritations must be avoided. The pregnant woman must rest. *Early to bed* should be the rule. Poise should be practiced, and the best books only should be read.

Ectopic pregnancy (abdominal pregnancy).—Pregnancies taking place in the fallopian tubes may be detected very early in those women who do not abuse themselves by overeating.

When a pregnant woman is imprudent in eating, she is liable to have indigestion, gas, and pain in her abdomen. These symptoms may mask the symptoms of an ectopic pregnancy and delay proper treatment.

Indigestion may mask the early symptoms of miscarriage and prevent the proper treatment until too late.

Prospective mothers should eat in such a manner as to insure perfect comfort and health; then, if discomfort starts up in the lower bowels or pelvic region, the physician should be called and discover as early as possible what the symptoms mean. Thus a miscarriage may be avoided, and if the pain comes from tubal pregnancy, the proper treatment may be given at once.

If more on what a pregnant woman should do and should not do is desired, read "Diseases of Women and Easy Childbirth."

DIET AFTER CONFINEMENT

A mother should eat nothing for the first twenty-four hours after childbirth, unless the labor has been very light, and she is not tired out. Baked apple, or a little buttermilk, or a glass of grape juice may be taken within three to six hours after the child is born, if the mother can take it with a relish and really desires something. Under no circumstances should she take anything into her stomach until she has a keen relish. Any kind of milk, or fresh fruit that is not tart, may be taken morning, noon, and night for the first three days. After the bowels have moved, the mother is to eat just about what she was in the habit of eating before confinement, only in smaller quantities. Mothers should always avoid overeating, because, if they disturb the stomach and bring on indigestion, it will affect the child, provided the child nurses the mother.

Mothers who have taken care of themselves during the pregnant period—mothers who have lived as they should before childbirth—will have very little trouble, and many of them can begin to eat the food they are in the habit of taking, within twenty or forty-eight hours after their children are born.

It is a mistake for mothers to drink beer, or resort to any kind of drink, etc., for causing a larger flow of milk. This belongs to the old regime which should be placed in the obsolete class. When a woman is normal and eats normally, she should not need anything to cause her to give more milk; for whatever is taken in this line has a tendency to change the quantity and quality; hence it should not be permitted.

SUGGESTIONS FOR THE EXPECTANT MOTHER

Avoid overeating. Be cheerful, hopeful. Avoid people who talk discouragingly. Remember that all mankind have been born, and that the happiest and healthiest women are mothers of large families.

Take exercise in the open air every day.

Do not form the habit of drinking *soft drinks* and eating ice-cream. *Control appetite* and passion for the child's sake. The *sex life* should be controlled during pregnancy. Indulgence should be limited. Where the mind cannot be controlled, indulgence is safer than a morbid mind. It is well for parents to remember that *miscarriages* and *abortions* are often brought on by such indulgences.

Morning sickness is a nervous derangement, and is largely under the control of the will. When persistent, there may be inflammation of the neck of the womb. Scarification will often relieve at once.

Bowels should move daily. Use laxative foods—prunes, figs, pears, spinach, onions; and drink freely of water.

Diarrhea may be controlled by a short fast.

Urine.—Have the doctor examine it every month.

Daily sponge-baths, with brisk friction.

Avoid cold-water bathing.

Nipples may be hardened by washing with alum water and gentle rubbing daily.

Inverted nipples should be drawn out daily and hardened by handling.

A breast-pump may be used to draw the nipples.

Abdominal rubbing brings comfort and strengthens the muscles.

If there is a tendency for the *hair to fall out,* use tar soap and wash the hair twice a week.

Leucorrhea should be controlled by douches of warm salt water—one tablespoonful of salt to two quarts of water.

Corsets should not be worn. *Maternity corsets* may be worn, but no corsets or supports are desirable.

NECESSITIES FOR CONFINEMENT

Hand-basins—one for hot and one for cold water.

Pitchers—one full of hot and one full of cold water.

Towels—*more than needed.*

Bed-pan.

Slop-jar.

A two- or three-quart fountain syringe.

One or two hot-water bags. One will do if an ordinary jug, with a good cork stopper, is furnished.

Rubber or oil-cloth one and one-half yards square; or newspapers may be quilted or tacked together. Prepare enough sheets to allow one change every day, if necessary for perfect cleanliness.

Bath thermometer.

Absorbent cotton.

Prepare twenty to thirty yards of cheese-cloth as follows: Boil for an hour, run through clothes-wringer, then wrap in paper and bake until dry. Do not bake the cloth and paper enough to burn.

Safety-pins.

One pair of long white stockings for mother to wear during delivery.

Have prepared, and cold, five gallons of boiled water.

Salt for douching purposes, in place of the customary mercury tablets.

Vaseline.

Talcum powder.

Bedding.

Care of Children

Chapter I

AT BIRTH

S THE child is being born, it is the duty of doctor or midwife to protect its mouth and nose from the fluids that are liable to flood its face, which, if inhaled, will at least choke it and cause much coughing, and may be the last straw in causing the death of a very much exhausted child. Where the labor is a week or more in advance of full time, it will not progress so rapidly as it should, and an endeavor to hurry it may cause the mother to suffer more than necessary. This tires both mother and child more than natural.

DRY LABOR

Where there is an early or premature expulsion of the fluid, and the labor is not completed in a very short time, the child may be killed by the severe expulsive uterine contractions. Often only a part of the fluid is prematurely discharged, enough being left to prevent the weight of the contractions falling, or being expended, on the child's body.

A prolonged labor—or one that is short, but preceded by premature expulsion of all the protecting fluid—usually ends with an exhausted child. When a child is born in this state, it should receive immediate attention. If breathing fails to start, the child should be dipped alter-

nately in hot and then in cold water, or any other resuscitating measures may be used.

BATHING—AIR AS WELL AS WATER

Bathing.—When breathing starts, the child should be anointed with warm oil, wrapped in warmed cotton, and covered well, leaving enough opening at its face to admit all the fresh air needed. No attempt at bathing should be made until the child has had time to react fully, even if it requires one, two, or three days. The mauling that children often get at the first bath is quite enough to kill those that are born worn out because of unusual or unnatural births.

Natural labors do not injure either mother or child; therefore there is no reason why the baby should not be bathed at once, and, after resting for three hours, be given its first meal—allowed to nurse.

The bath may be given daily from the time of birth. Soaking in water is not bathing. Many young children have their vital energy soaked out of them by mothers who "love to see the baby splash."

Children should be bathed quickly in warm—not hot—water; always in a warm room, and close to a stove or register. A mild soap may be used or not. The use of soap is not an unmixed good. The more soap is used, the more must be used, because it removes the skin's natural power to shed whatever soils it. This is just one more example of the evils of paternalism. The skin would clean itself, if that particular function were not pampered by clothes, and soaked and soaped out of existence.

About three times a week it would be well to anoint the baby's body with warm olive oil; then rub it off with cotton or a soft cloth.

No harm can come from rubbing a child's body with a soft towel or the open hand. Indeed, children thrive on such treatment; for it tends to keep the skin in good

condition by keeping up a vigorous capillary circulation and skin functioning.

When should a child be bathed?—When it needs it. If the child is to be soaked in a tub of water, the bath should be given three hours before or three hours after eating. According to this suggestion, the baby cared for according to modern methods would not get a bath at all; for the every-two-hour feeding would give no opportunity. Those advocating frequent feedings say to bathe one hour after feeding; of course, that is the farthest possible time after or before meals. The proper bathing, however, may be given at any time when convenient or necessary.

The temperature of the bath water should be at first, and for a week or two, about blood heat. Gradually accustom the child to cool water. Avoid the use of cold water with children who have weak hearts and circulation. Such children are frequently born of autotoxemic parents, and often they are much incumbered with flesh.

The training into the use of water at a temperature below sixty degrees Fahrenheit should not be undertaken until the child has passed its second year, and then in the warm summer weather only. A tendency for cold hands and feet should warn against the use of cold water.

Linen wash-cloths and absorbent cotton should be used. A sponge is hard to clean and not a good substitute for a wash-cloth. The material should be soft; and if the child can be kept sweet and clean without soap, do not use any; for soap ruins the self-cleansing functions of the skin. The use of soap for cleansing purposes, especially for exposed parts of the body, appears to be unavoidable. The soap, exposure, etc., certainly, in the course of time, work a wonderful change; for proof of which compare the hands and face of any grown person with the protected parts of his body. Wash-cloths should be washed and boiled daily. Dirty wash-cloths have caused much eye disease in children.

Nature has not passed a law compelling a routine to be carried out regarding bathing, etc.; hence, do not subject a sick child to any routine, except prescribing food, and allowing the child water to drink, and perfect quiet.

Care of the genitalia.—Care should always be used in washing and cleansing the genitalia of children. Rough cloths and careless rubbing must be avoided.

The female child should be carefully washed with warm water and salt—a half-teaspoonful of salt to a half-pint of warm water. The washing of the genitalia should be done with cotton. Sponges should not be used, because they are liable not to be well cleansed. If absorbent cotton be used,* it should be thrown away after each washing, if perfect cleanliness is desired.

The male child should have the foreskin pushed back, and the glans washed or freed from all secretions or cheesy accumulation. If the foreskin is adherent and cannot be freed by ordinary pushing, call for the assistance of the family doctor; for occasionally it requires professional skill to make the separation, the adhesions being so firm.

Circumcision.—Where the foreskin is long, and the opening so small that pushing it back is made impossible, circumcision is said to be necessary. This, however, is not true; for gradual dilation will overcome the constricted state. If more force is required than can be given by the mother or nurse, the physician may be called. All that is necessary for him to do is to introduce the blades of an ordinary hemostatic forceps and quickly but firmly dilate by opening the blades; or, if a regulation dilator is handy, so much the better—use it, and make the dilation thorough. It pains the child, of course; but the work should be done quickly and well; and, aside from a

*To save the possible accident of a stopped-up sewer, it may be well to state right here that cotton should always be squeezed out of the water and burned up—never allow it to be emptied, with the wash water, into the water closet.

few seconds of pain at the time of dilating, there is nothing to this operation. It is superior in every way to cutting off the foreskin. It is a mistaken idea that the foreskin should be removed because, when long, it favors the accumulation of secretions and development of disease. Of course, if cleanly habits cannot be taught, an operation should be performed, as a substitute for carelessness. When it is too much trouble to keep the ears, nose, and toes clean, cut them off. When the teeth ache because of carelessness and lack of cleanliness, pull them out. When any part of the body offends by demanding cleanliness, amputate it. One of these demands is a reasonable as another, and just as necessary.

Teach children to keep their bodies clean. The genital organs must be kept clean. Teach children to wash them as often as the face, eyes, and ears are washed. Carelessness in this regard is appalling, and causes much trouble. One organ of the body neglected becomes diseased, and, through sympathy, other organs become lowered in their efficiency. A neglected skin or surface of the body leads to eye, ear, nose, and genital derangements. Keep the entire surface of the body clean (this means eyes, ears, genitals, mouth, and teeth), and most of the diseases that make children's lives unhappy will be controlled; and, if proper diet be added, most causes for disease will be removed.

Teach children the need of keeping their genital organs clean, and general cleanliness will follow as a natural consequence. If this is done, a desire for self-abuse will be removed. The irritation caused by lack of cleanliness causes children to rub the itching parts. In time, the rubbing and handling of these organs, to give relief to the itching caused by morbid irritation, end in onanism. Ignorance and filth generate disease and crime.

If man should go naked, he would escape the so-called contagious diseases of childhood; also the mucous-membrane, skin, and other diseases of adult life.

Clothing and hot houses make bathing necessary. The skin that is not bathed as it should be has a characteristic odor, and, if examined microscopically, no doubt there would be found a moss or fungus growth that favors the development of skin diseases and diseases of the mucous membrane lining the cavities.

Because of clothes that shut out light and air, much bathing is necessary, and, when neglected, malodors develop.

Air bath.—From birth all normal, natural babies should be given an air bath daily. The temperature of the room must be summer heat, and the very young child should be rubbed with the open hand, gently, at first, while it is becoming accustomed to the air and light. At first the child must be watched. If it has low resistance, its body will grow cold, and it must be returned to its clothes or covering; then in a few days try it again, and have the room warmer.

After a child has become accustomed to the air bath, it may be placed in slightly screened sunlight for a few minutes. Increase the power of sunlight, and the length of time the child is kept in it, to suit the child's growing resistance. A thick, soft comforter or blanket may be spread on the floor in a room where light and heat have been adjusted to the child's needs. Place the baby on its belly (Dr. C. E. Page's method), and allow it to stay on the belly rather than the back. The Page method works out well. Children walk and run much earlier.

Children early accustomed to the air and sun baths will escape the so-called contagious diseases. Why? Because these diseases are encouraged by clothes and overheating the surface of the body. It is hard to say which is most health-building—the air, light, or cold. No doubt

the best results are experienced when the three are properly blended.

Many children find ill-health and an early grave because of overheating and lack of air on the surface of their bodies.

Airing.—Besides the nude air and sun bath recommended for young children, they should be taken out of doors into the open air every day fit for them to be out—every sunny day—in any and all, except very cold, weather. Children should not be chilled. Children who are allowed to chill daily, or allowed to get chilly at night, will soon be sick; for wasting nerve energy daily or nightly in resisting cold will soon put a child in a state of enervation that precludes digestion.

School children who sit for hours with cold feet will fail to digest their food; and soon indigestion, coughs, colds, catarrh, tonsilitis, adenoids, etc., will follow.

The nerve energy of children must not be wasted by allowing them to chill frequently, but all children should be taken into the air, and kept there as long as possible, every day.

CARE OF THE BED

Children must be kept clean. They should not be soaked—bathed to death—but their clothing must be sweet and clean. Their beds must be clean and well aired. A bed that gives out the odor of urine is not fit for a child to sleep in. Oil-silk or oil-cloth should be used to prevent the mattress from getting soiled. But these oil-cloths should also receive attention. They must be washed with soap, and they should be put in the sun for a day every little while. A child's bed should be opened to the sun. There should be two sets of bed clothing: one for use in the day, the other for use at night after hanging in the sun all day; and, if there is no sun, then the clothing should be hung where it will be perfectly dry and thor-

oughly aired. Pillows can be worked overtime. It would be well to have oil-silk to cover the pillows, so that milk or water spilled on them will not penetrate and dampen the feathers. The oil-silk may be between the pillow-slip and the pillow. Oil-cloth or rubber sheeting may be used.

Cleanliness is more far-reaching than prayer under such circumstances. The mother who will neglect her child in every way except prayer will probably send her child to heaven very early.

CARE OF THE EYES

Carelessness in washing, and possibly using a wash-cloth that has not been properly cleaned, has caused much eye disease. Great care is necessary to avoid such a contingency. There should never be any trouble with the eyes of infants.

In these days of much medical delusion we hear that children should have a weak solution of nitrate of silver dropped into their eyes almost as soon as they are born, to prevent *ophthalmia neonatorum*—a venereal inflammation of the eyes of new-born babies. Doctors who gain their experience from free clinics, hospitals, and slum practice become deluded with the idea that all of mankind are tainted with venereal diseases. Their delusion should not be taken too seriously.

There may be a little danger of this infection in the slums, but the danger is nil among the representative, better class of poor as well as among the well-to-do of this country.

The eyes should be bathed with warm water. When there is irritation, a little salt may be put into the water, using absorbent cotton. It is a great mistake to use the regulation wash-cloth to cleanse eyes, mouth, anus, and genitalia. A cloth should be used for the body of the child, but pledgets of cotton for those parts furnishing secretions and excretions that should be removed forever.

Absorbent cotton should be used to cleanse the catarrhal secretions from the nose of infants and children, instead of handkerchiefs; and all used cotton should be burned at once

CARE OF THE MOUTH

Should a child's mouth be washed?—If fed properly (three times a day from birth), there will be no sprue (thrush).

Sprue is a whitish, thready, flake-like substance that gathers on the tongue, between the gums, and on the inside of the cheeks, and, when bad, may be found covering all the inside of the mouth.

Its cause is too frequent feeding by a mother who eats too much starchy food. It means an acid state, and should be overcome by the mother suspending the use of starch for a few days, and eating fresh, ripe fruit for breakfast, and no other food for that meal if the season is summer; but, if it is winter, she should have raisins, dates, figs, and uncooked apples, and milk; at dinner, meat, cooked, non-starchy vegetables, and a large combination salad. By feeding the mother in this way, future baby trouble, such as diarrhea and other baby diseases, will be avoided. If the child is treated in the ordinary way, with borax and soda, the usual line of disease and palliation is started, and the child and mother are headed in the direction of indigestion, mother's milk disagreeing, wet-nurses, artificial feeding, cow's milk, modifying powders and all kinds of baby patent foods, sickness galore, doctor's bills, and, alas! too often death to the little loved one—and then the undertaker's bill to make further inroads on an already depleted savings account.

What makes baby sick?—Aside from carelessness in keeping baby warm, clean, and free from excitement, it must be what it eats, or what its mother eats, or has eaten

during her gestation period. (See "Diseases of Women and Easy Childbirth.")

When to prevent sickness in baby.—Begin as soon as conception takes place, and have the mother live for the future health and well-being of her child. This is *the only eugenics that counts.* Parental health is no insurance against the modifying influence of a haphazard and conventional style of living on embryonic development.

Domestic harmony and obedience to health laws on the part of parents count for more in bringing healthy children into the world than *ideal bodies* for parents who follow after the customs of the day. Custom and convention are always headed toward degeneration—race degeneration.

How to prevent skin chafing.—The remedies usually prescribed for skin chafing, scalding about the buttocks, prickly heat, and all other skin diseases, are unnecessary. When children are properly cared for before and after birth, they will not have any disease of the skin or mucous membrane; hence such remedies as bran baths, dusting-powders, medicated or not, sea-salt baths, vinegar and water baths, starch and boric-acid powder, etc., are all superfluous.

What is to be done with babies that have not been so fortunate as to be well born, and that are suffering with the disease for which these superfluous prescriptions are given?—Change the mother's style of eating, as suggested on a preceding page; or have her eat fruit *only* for one or two days; then take up that plan. Next, instead of feeding the baby every two or three hours, allow it to nurse three times a day, and give it water from a nursing-bottle as often as it will take it with a relish between feeds.

No baths are necessary, except clean, soft water applied with clean, soft cloths.

Medication of all kinds is superfluous, and is made necessary only by our inherited love and reverence for the mysterious and our fetish-worship. This custom will curse humanity as long as it lasts; for it satisfies the superstition in the lay, and professional, mind, and bars the road to progress by preventing a proper search after cause

CLOTHING

How should a baby be clothed?—If in homes that are kept warm by steam, hot water, or heated air, and the heat is regulated in winter to about sixty-eight degrees Fahrenheit, children should be dressed in clothing suited for warm weather. The material should be linen, soft cotton, or silk. Wool is not a correct covering for the skin. If it is worn, cotton or linen should be worn between the skin and the woolen garment.

Clothing and overheated houses build skin enervation; and when the skin is enervated, it does not protect the body well. This is the condition of the skin when the catching-cold habit is developed.

Children born in homes warmed by fireplaces or stoves will need more clothing. Use the same kind, but a heavier weight. Very healthy children have been brought up in such houses without shoes or stockings, and after they had attained three or four years of age they did not hesitate to play, more or less, in the snow. This tough stock—of which our forebears were a type—and the habits that inured them, are about extinct. From this high standard of physical efficiency the generations have slowly, but surely, declined. Shall we ever regain our former physical efficiency? It is doubtful, unless every mother-to-be can be made to see, and become imbued with the idea of, the need of a change from our system of coddling and pampering children to one of tempering and hardening them. When mothers wake up to this need, they must

learn, and then practice the hardening process on themselves. They should begin before a family is in immediate prospect; if not then, surely as soon as the responsibility is known to be assumed.

People know so little regarding health, and what is meant by hardiness as applied to children, that they can hardly be trusted with advice along the lines of child development.

It is pathetic to see a tuberculous mother struggling in a hopeless endeavor to make her baby strong after it has once got a bad start.

Such mothers will so frequently say: "Why cannot my baby be strong, like Mrs. So-and-So's? She feeds her baby anything, and neglects it; yet it thrives."

There is a great gulf that physically divides Mrs. Robust from Mrs. Delicate, and neither of these women can understand why both children should not receive the same care. Mrs. Robust is quite sure that Mrs. Delicate's child would be big and strong if given the same care that she gives her child; but when the latter applies some of Mrs. Robust's hardening plans to her baby, she makes it sick, and possibly kills it.

The public needs much education on this subject. Education on the germ theory will not help. Tuberculous subjects must understand that there is but one way to get rid of the disease and its strain in the family, and that is through physical and mental education that begins at the beginning of gestation, and runs through that and at least the two following generations. Health is a matter of *right thinking and right living practiced all the time*—not spasmodically and occasionally. We must live right every day and every night. Health is not built by so-called immunizing agents.

A word of more direct caution: Mothers who know, or should know, that they are not strong, and that their

children are not up to a high state of physical efficiency, should not entertain much thought of hardening their children. If the nude air bath is to be attempted, the room must be warm—warmer than for strong children; and the first four or five baths should be accompanied with open-hand rubbing.

Young children must be kept warm.—All very young children must be kept warm. They must not be allowed to chill at night; in fact, not at any time. Thousands of children are killed every year because they are allowed to chill. It is not enough to see that they are heavily bundled up. The mother or nurse must feel the extremities often; and if the mother or attendant happens to have low vitality and cold hands, someone must be employed to care for the child who can judge of heat and cold. There must be no guessing; if any child thrives, *it must be warm.* To allow a sick child to chill daily or nightly will kill it, in spite of the most skilled care otherwise administered.

A sick child has no power to warm its own body; artificial heat is necessary; and great skill is needed in the use of artificial heat, not to overheat. The good old way —the way nature intended, namely, cuddling baby in the arms of its mother, up snug against her body—insures against the chill of death, and also *germinates a love* that saves the child from the fires of hell after it is graduated from the mother's body. Mothers who refuse to cuddle their babies refuse to build love in their children.

The hen that hatches the egg is the mother of the chicken. Not infrequently nurses get the love that naturally belongs to mothers.

Clothing for the baby may be a linen shift, with cotton or linen abdominal support, and napkins. A woolen blanket should always be at hand to wrap around the feet and legs when necessary—when the room is colder than usual. The average child of today is enervated, and un-

less parents have inured themselves previous to the child's birth, the child must of necessity inherit an enervated state, and will need more attention and artificial warmth than if the parents had built well before the child's conception.

A baby's clothing should not be tight.—The band is largely superfluous; too much is made of it, and it belongs to the superfluities of the universal doctoring, or sick, habit. No doubt the abdomen is weakened by its use; and this weakening has much to do with the almost universal constipation existing among nursing children.

NEED OF POISE

Feeding, clothing, bathing, etc., are not the most necessary requirements for the comfort and health of a child. Mothers must be healthy in mind and body; they must be happy, contented, and poised; not only at, and after, the birth of their children, but these must be habits formed long ahead of conception. The lack of self-control—lack of poise—in mothers results in restlessness, crying, indigestion, constipation, and a general, all-round unhappiness in the child.

To secure a normal child, it is necessary for parents to be at least good animals.

NAPKINS

Keep babies clean.—Change napkins as soon as wet. The child should be sponged, and all parts wet with discharges should be cleansed, every time there is a change of napkins.

Excoriations, chafing, scalding, or any skin irritation caused by the urine or bowel discharges, can be cured by cleanliness. Indeed, a lack of cleanliness is the cause of these minor diseases. Using napkins after they have been wet with urine and dried is one cause of these skin derangements.

Soiled napkins should be placed in water and not allowed to dry. They should be washed and boiled as soon after being soiled as possible.

It is not necessary for a child to have any malodors. Perfume is absurd; it neither covers the odor coming from lack of cleanliness, nor causes the child to be clean. There is no odor so splendid as the real sweetness of cleanliness. Perfume, like the doctor's antiseptic, is made to hide, or antidote, filth. Neither is needed when proper cleanliness is maintained; and both should be recognized as advertising lack of cleanliness. Perfume is enervating; hence it should not be used on babies.

NURSERY

Temperature of nursery or living-room.—The child should be kept in as even a temperature as possible. The temperature should not go above sixty-eight to seventy degrees Fahrenheit. If possible, the night temperature should not exceed ten degrees cooler. The thermometer should hang in the middle of the room, from a chandelier.

Overheating and chilling.—Children are often covered too warmly. The room through the day is allowed to be too warm. This heat, added to by overclothing or too much covering, relaxes and enervates the child. If, then, it is fed imprudently, all the elements of a catarrhal croup are brought together. Indeed, this is the way croup, tonsilitis, indigestion, and the catching-cold habit are built. Add improper drainage, an unsanitary home and neighborhood, and a depressing atmospheric state; then all the elements necessary for diphtheria, scarlet fever, measles, and other so-called contagious diseases are present.

WEIGHT

What should a child weigh at birth?—When mothers are restricted in their eating, and given the proper amount of food to secure perfect health and easy childbirth,

children should weigh from three to six pounds. The first week there should be no gain. The rule is that where mothers eat in a haphazard way, and children are born overweight, they lose from a half-pound to a pound the first week or ten days; but when they are born unincumbered, they do not lose, neither do they gain. The gain of such children for the first year is not so great as that of the overfed children of overfed mothers. The first six months they will gain from three to six pounds, and at the end of the first year these children are smaller than the average, but much healthier and more active.

Changing to artificial food affects weight.—When a child must be changed to artificial feeding, it usually loses weight at first. Cow's milk cannot be digested well at first. Indeed, no food will agree; for the child has lost out on its mother's milk; hence, whatever food is given should be given in small enough quantities not to overtax an already deranged digestion.

The estimate is made that a seven-and-one-half-pound baby should weigh twelve pounds at three months; at six months, about fifteen pounds; at one year, about twenty-one pounds.

The increase in weight is not always steady. Children go up and down. Teething is often accompanied with more or less sickness, and during the sick spells weight is lost. Hot weather prevents increase in weight.

INCUMBERED CHILDREN

Fat babies are not normal.—Children that are too heavy often lose all their weight, and may remain too thin for years. Many die who are too heavy at birth. Fat babies are generally thought to be healthy, but too frequently they are dysemic—lacking in one or more elements necessary to the building and maintaining of full resistance. Of course, the cause is a defective food supply. When such children are subjected to the enervating in-

fluences of hot weather, and imprudent care or lack of care, they break down and suffer from some form of children's diseases. The error in feeding must be looked after carefully, and corrected; else dependable health will not be secured.

Sugar-eating by mother affects child.—Mothers often eat too much sweets. When sugar is used to excess, it disturbs the balance between protein and carbohydrates. The former is used up, while the latter fail to be appropriated. When sugar is used to the extent of supplying nearly all the heat required, starch digestion is made difficult. Indigestion follows. Acidosis, or reduced alkalinity of the blood, causes mother's milk to build fat babies—babies that are devoid of resistance—many of whom will teeth slowly and painfully. From this class death reaps a large harvest.

The remedy is: Have mothers live simply, and avoid stimulants and overexcitement. Mothers must be well, if they would have ideal children.

TALKING

Some children are slow to talk, due to enervation from frequent feeding, overfeeding, and improper care generally. An overfed child is always a sluggish, non-observant child. Children are bright, alert, and attentive when not made dull and non-interesting by frequent feeding.

Crowding nutrition causes the hunting-dog to lose the trail, the race-horse to lose the race, the business man to fail, the schoolboy to lose his opportunity, and the baby to be slow to talk and slow to develop. Knowledge depends upon power of attention. From birth to the grave, what man knows is in keeping with his power of attention and observation. These faculties are more or less inhibited by crowding nutrition. Children who talk early—at nine months to a year of age—are small (under size) and very active.

All children should talk at a year of age, and will unless unnaturally weakened by sickness.

If children show great delay in talking, and at two or three years of age are unable to do more than utter a few monosyllables, the cause may be infantile paralysis; or an injury to the head may have occurred at or after birth. Undoubtedly a condition of paralysis of the speech center exists, even if the cause cannot be determined.

WALKING

Like talking, walking should take place early. Bright, active, light children walk at nine months of age. Sluggards are made, not born. When a child is lazy, it is poisoned. It is well for parents to remember that, if they will eat beyond necessity, they make themselves dull and stupid; and this same state of nerves is imparted to the unborn child. Then, after it is born, if overfed, the poison of indigestion will prevent its nervous system from developing rapidly; indeed, it may be made dull and sluggish for life.

A properly developed child will be small, active, and possessed of great power of attention. Mental blindness always means a deadened power from the stupefying effects of crowded nutrition.

Where walking is delayed until the child is from one and one-half to three years old, infantile paralysis has been overlooked. The disease is often sustained without much warning—little more than a slight fever and irritability lasting a day or two. Paralysis may be brought on in children of pronounced neurotic temperament, by overfatigue—for example, in allowing them to sit too long in a walking-training chair. A fall, or an injury at childbirth, may cause the child to lose the use of one or both limbs. The misfortune may result as a sequel to a severe sickness.

Too much cannot be said about the right of every child to be born well, physically and mentally. And this it will be when parents are intelligent enough to know their responsibility in the premises—when people can digest the Bible text: "Do men gather grapes of thorns, or figs of thistles?"

TEETHING

Teething.—A few children teeth early and a few teeth late. In the same family, children differ widely—one child cutting four teeth within the first four months, and another not having one at twelve months of age.

Two central lower teeth may be looked for from about the fifth to the ninth month; then four upper central teeth may appear from the eighth to the twelfth month. The other front teeth may come from the twelfth to the eighteenth month.

The estimate is made that at one year a child has six teeth; at a year and a half, twelve teeth; at two years, sixteen teeth; and at two and one-half years, twenty teeth.

The cause of variation in the time of teething.—The cause is either a defective supply of the elements in the food or a defective nutrition from enervation.

Healthy children will have no trouble in teething.

Indigestion is at the bottom of all sickness at teething time.

Chapter II

FEEDING

THE FIRST YEAR

OW long should a child nurse?—A child should nurse the first year of life, unless the mother becomes pregnant before the year is out; then, of course, it should be weaned at once.

Should a child be nursed at night?—Never! Nursing at night is a very bad habit. It teaches the child to be restless—it teaches a child to have broken sleep; whereas, if a child is not fed at night from birth, it grows the habit of sleeping all night.

Habits.—Eating, bathing, sun bath, air bath, exercise, and day, as well as night, sleeping, should be regular, if perfect health is to be hoped for.

Drinking.—When the child is young it should be offered water several times a day, especially in hot weather. Many children are made sick by nursing the breast or bottle when they should have water. When a child is restless soon after nursing, or at any time between feeding times, water should be offered. Water in a nursing-bottle should be prepared at bedtime to give the baby through the night, if it should be restless or cry. *No sugar is to be put into the water at any time.*

Drinking from a cup.—A child should not be taught to drink anything but water from a cup. Milk should not be drunk like water, and the first year the water should be given out of a bottle with the regulation nipple. Milk should be eaten with a spoon. Each spoonful can then be

mixed with saliva. In nursing, the motions of mouth and tongue excite mouth secretions, also stomach secretions, and this secures good digestion. When milk is drunk like water, indigestion follows; for this style of eating is in reality bolting food.

It is well if a child will take milk from a bottle for the first two years; for, in doing so, the nursing excites secretions, and digestion will be more perfect. There is not much danger of forming the "bottle habit." However, it is well to stop the bottle feeding at the end of the second year.

Anemia and malnutrition do not follow the use of an exclusive milk diet.—Some authors teach that anemia and imperfect nutrition follow the exclusive use of milk for two or three years. Milk is an ideal food for the young, and it requires proof beyond a reasonable doubt to establish a statement to the contrary.

Of course, it must be assumed that the milk is pure and up to the standard in food elements; otherwise children will not thrive. But if the milk is all right, and children do not thrive, bad habits should be looked for. It will be found that milk is given at any time, night and day, and the children are allowed to have their own sweet way—allowed to cry at any time and at all times; allowed to grouch as much as desired.

Mind and body must be controlled.—Children need mental discipline as much as they need physical training.

Can a baby take cow's milk without dilution?—Yes, if fed as directed. If necessary to wean the baby, begin early to give a little pure cow's milk at the end of each nursing. The custom is to give the milk much diluted. So we find that it is custom, and not experience, that guides.

Artificial foods.—Children may appear to thrive, for a time, by being fed artificial foods; but a time comes when the amount of malnutrition generated by them will

be apparent. Artificial food for children is much on the order of chemically prepared food for grown people. Both kinds starve the body.

Scurvy and rickets caused by the use of artificial foods.—Scurvy and rickets follow the use of artificially prepared foods. When a child is old enough to eat any and all foods, if its eating is restricted to staples and sweets, with little or no fresh fruits and vegetables, it will become dysemic and liable to take on scurvy or rickets. The foundation for such diseases is laid in embryo. When mothers are fed properly, there is no danger of the children developing such diseases; for, if mothers eat right during the embryonic life of their children, they are liable to eat right at all times, and they will give their children the proper food.

Selecting milk.—The milk from a properly inspected dairy is good enough. Milk from a cow or goat, properly fed, watered, and housed, is reliable as an infant food. Milk from a cow that is not looked after and cared for properly is not to be preferred to the milk from a herd of cows.

Milk should be fresh from a cow or goat, in hot weather especially, if the child is delicate or has recently been sick. I mean that, if the child is fed three or four times a day, it would be well to milk and give the milk warm from the cow. During cold weather the morning's milk is safe enough to give through the day.

Milk must be kept in clean vessels and in a clean place. It should not be kept in a refrigerator where food is kept, unless all food is incased in air-tight vessels, and the vessels and refrigerator are kept scrupulously clean. Where there is no ice-box or refrigerator, milk may be kept in cold water, as follows:

Construct a skeleton framework large enough to set over a pan containing water of sufficient depth to come up to the necks of the bottles. Tack canvas over the frame-

work, and then arrange so that enough water will drop on the canvas to keep it wet. This is on the order of the Arizona cooler, and is a great advantage to those who cannot have ice.

The evaporation, where the canvas is kept wet, keeps the water and milk cool. The water should be changed twice in twenty-four hours.

When possible, keep milk at a temperature of about fifty degrees Fahrenheit.

Certified milk.—

This term is properly applied only to milk produced under sanitary conditions of exceptional excellence, by the most painstaking methods, and under the constant supervision and inspection of a Medical Milk Commission.—Sherman.

Preparing milk for children.—The best manner of preparing food for the child, according to the best medical authorities, is as follows: During the hot weather it is well to prepare all the food the child is to take during the day, in the morning, and keep it in a cooler, not on ice.

Milk should be warmed at feeding time.—Warm the food to body heat at the time of feeding. Those who feed milk exclusively should put the milk in three different bottles, enough in each for a meal, so that, when one feed is given, the rest of the milk will not be disturbed. A few physicians do not believe in using starch, but they do believe in pasteurizing the milk; hence they can pasteurize in three different bottles, keeping the different meals separate, so as not to disturb them until the child is ready to be fed.

Specific gravity of milk.—The specific gravity of milk ranges from 1.029 to 1.035. This is as compared with water, which is given a specific gravity of 1.000.

When milk is watered, its specific gravity is lowered.

Should cow's milk be sweetened?—Sugar should not be added to milk if the child is not thriving. When well, about six grains to each ounce is enough. One grain of

soda (baking-soda) to the ounce of milk overcomes, to a slight extent, the tendency of milk to ferment.

CLEANLINESS IN CARE OF MILK

Cleanliness is more important than pasteurizing or modifying milk.—It is impossible to be too cleanly about the care of children. Milk bottles must be thoroughly cleansed, and then boiled, and, if possible, placed in the sun for a day.

Nursing-bottles.—There should be at least a half-dozen. As soon as a bottle has been used, it should be cleansed; then—not an hour, nor a day, afterwards, but immediately—boiled and put out in the sun. For the next feeding take the bottle that has been longest out of use—provided, of course, that it has been properly taken care of.

The rubber nipples must be thoroughly washed; and there should be as many nipples as bottles, or even more. As soon as a child has finished nursing, the nipple is to be washed as well as the bottle. It should be scrubbed with a brush and Castile soap (or any good toilet soap); then thoroughly rinsed, and put to soak in soda water (a tablespoonful of soda to the quart of water). Keep in a covered jar. Allow the nipples to stay in this soda-water until ready for use; then rinse them off in quite hot water. It spoils the rubber to use boiling water.

There is a great deal of straining at gnats and swallowing of camels in regard to milk, its modification, pasteurization, etc. If the hints I have given are carried out—namely, get milk from a properly-cared-for animal (cow or goat)—and then, if the proper cleanliness, such as I have suggested, is practiced, and overfeeding is avoided, there will be no excuse for calling doctors, nor for giving paregoric, soothing syrup, pepsin, and other things belonging to medical superstition. Of the three virtues, charity is said to be the greatest; but, in regard to the care of

children, the avoiding of overfeeding is the greatest of all, and cleanliness comes next.

Pasteurizing.—I am frequently asked what I think of the pasteurizing of milk. It belongs to the germ superstition. There is nothing to it. The only thing in its favor is that the milk is not heated to a point that spoils it materially for use. It certainly does not sterilize. When milk is heated to 212 degrees, it is more or less spoiled as a food, and of what benefit can it possibly be? If the child has been fed too frequently, its mouth and stomach and bowels are in an acid state, and if sterilized milk is put into its stomach, it soon becomes infected with the other decomposing milk. Instead of feeding the child sterilized milk under such circumstances, give it sterilized water, or plain water, until the stomach and bowels are thoroughly cleared out and rid of the ferment that has been brought on from overeating. Then feed milk that comes fresh from the animal; but be sure that it is taken in small enough quantities not to oxertax a weakened digestion. When children are fed beyond their digestive capacity, their stomachs and bowels are converted into veritable swill-barrels. It would be a joke, were it not so serious, to talk about feeding such children sterilized or pasteurized milk, or feeding them peptonized or modified milk, with a view of keeping the digestive organs sweet and clean, *aseptic*, and nourishing their bodies.

What advantage is there in peptonizing?—It enables the doctor and the nurse to feed a little more. Years ago I found that children could take more milk for a while by helping them digest what they took with pepsin. Pepsin, and bicarbonate of soda, or lime-water, will overcome the little acidity for the time being. And what does this mean? It means that the symptoms produced by feeding too much are palliated for the time being. What becomes of the patient, if this nonsensical treatment is continued?

It is only a question of time when the child will go down and out with some form of disease.

This is true of grown people as well as of children. Years ago it was the writer's privilege to be the physician to a very large clientele of farmers. They worked hard, and ate harder. They were subject to frequent sick spells, which were invariably due to indigestion. I would give them good, big doses of pepsin and soda, which would act like a charm. They would soon be relieved; the pepsin would digest the undigested material that was giving them trouble in the stomach and bowels; and in a few days after taking this artificial digestive agent the patients would be able to go back to work in the field—and at the table. What became of them? Most of them died at from thirty to forty-five years of age. Acute diseases of some type carried them off; they were probably killed by treatment.

I would suggest, as a parting word on this subject: Avoid feeding beyond the digestive capacity. There is no advantage in overfeeding by the aid of pepsin. Some authors say that "peptonized milk is useful with young infants who have great difficulty in digesting the curd of the milk." Why do they have great difficulty in digesting the curd of the milk? Simply because they have too much milk given them. If a man should eat too much beefsteak, it might be said that he has great difficulty in taking care of beefsteak; but if only a quantity that is within his digestive capacity be given him, he immediately gets over his inability to digest the beefsteak. This can be applied all along the line, as regards eating and digesting. When there is no desire for food, rest to the digestive function should be given; it is a mistake to force an appetite.

Years ago, tonics were given to force digestion. Much nervous derangement has been built in an endeavor to build a good appetite and good digestion. All that is ever necessary under such circumstances is to withdraw food

a sufficient length of time, and then begin to feed little enough, and gradually increase. Doctors who overfeed, and patients who are overfed, are always complaining of a lack of desire for food, and of failure in their power to digest. There is neither sense nor reason in any of this scientific nonsense. All that is necessary for any person to do is to imitate the animal. When an animal does not have a desire for food, it will not eat; but when the human animal gets to the point where it does not have a desire, then the scientific doctor is employed to drum up an artificial desire; and when it is found that the food taken cannot be digested, artificial digestants are used. And this nonsense is called *modern medical science!*

Is it necessary to modify milk?—When a child cannot be nursed, and it is positively necessary to give cow's milk, the child's digestion may gradually be educated up to whole milk. It may be necessary to modify the milk, which means to change the composition of the milk to resemble mother's milk. The modified milk does not represent human milk; it is simply an attempt to make mother's milk. But it is a failure. It is neither cow's milk nor human milk, and the sooner it can be dispensed with, after it has been selected as a food, the better.

Drug stores carry modifying powders, with accompanying instructions.

What is top milk?—The milk that comes to the top within about four hours after standing. Top milk means the upper third of common milk, or the upper two-thirds of rich milk.

Should top milk be fed to babies?—The whole milk is better. If milk is known to be thin, or devoid of cream, a little may be added—enough to make the milk of average composition.

Strength of cream.—Ordinary skimmed cream contains about sixteen to eighteen per cent fat or butter; the separated cream—the centrifugal cream—contains

from eighteen to twenty per cent fat. The heaviest cream secured by separation has from thirty-five to forty per cent fat.

Which is more digestible—milk or cream?—Milk. Man cannot improve on the composition of milk. Adding milk sugar, or using top milk, or adding cream to milk, is in no wise improving the digestibility nor the ordinary composition of milk as a food. Cream is not a perfect food for infants or adults. It should be known that when mothers are dysemic (blood not possessed of all the mineral elements—a deficiency of one or more of the elements of the blood) or pyemic (pus in the blood), children cannot thrive on the milk of such mothers, and the sooner they are taken from the breast, the better.

Milk is best given while warm with animal heat.—Milk should be used as soon as possible after it is taken from the animal. Indeed, if it is possible to have the child take the milk while it is still warm with animal heat, it should be done; for then it is more easily digested. Milk, like blood, is an organ, and after it is removed from its habitat it changes very rapidly. As soon as it is cold—as soon as the animal heat is gone—some important constituent is lost, and its composition as a food ceases to be ideal—perfect. This slight change in the composition of milk may not be detected by analysis, and it may not work perceptible change in the digestion of children over two years of age; but in children under two years of age, and especially in very young children, the influence can be noticed—not, however, until the observer is thoroughly and delicately trained in his observing faculties.

When it is practicable to milk a cow or a goat in a previously warmed vessel, and feed the milk to the child immediately, the very best results may be expected. If a perfect nipple is ever invented through which a child may take milk warm from the animal, ideal results may be attained in the artificial feeding of children.

When to reduce milk.—When a child is less than a month old, and the cow from which the milk is taken to feed it has been giving milk for some time, say six months, the milk should be reduced with from one-fourth to one-third water.

It has never been my habit to dilute milk. The feeding should be done through rubber nipples with small openings, forcing the child to labor with mouth and tongue to draw the milk from the bottle. This labor forces a heavy secretion of saliva and other mouth secretions which are necessary to perfect digestion. With nursing, the same as with feeding, thorough insalivation is necessary. The children of mothers whose breasts are easily drawn are disposed to eructate more or less of the milk they nurse. They are called "spitting babies," and are more inclined to be sick—have sick spells—than children who are obliged to labor with tongue and mouth to draw the food from their mothers' breasts. The latter are satisfied with less food, which is the normal result of slow or deliberate eating.

Modifying milk.—Milk sugar, one ounce; lime-water, one ounce; milk, from two to ten ounces; boiling water, from seventeen to nine ounces; varying an ounce more milk and an ounce less water, in proportions that end in twenty-one ounces of the mixtures.

The approximate composition of these nine formulas, starting with the first, gives 0.70 fat, 5.50 sugar, and 0.35 proteids. To find the composition of the other eight formulas, add to each succeeding formula 0.35 fat, 0.20 sugar, and 0.18 proteids. For example, the first formula: milk, 2 ounces; milk sugar, 1 ounce; lime-water, 1 ounce; boiled water, 17 ounces; composition: 0.70 fat, 5.50 sugar, 0.35 proteids. The last, or strongest, formula: milk, 10 ounces; milk sugar, 1 ounce; lime-water, 1 ounce; boiled water, 9 ounces; composition: 3.50 fat, 7.00 sugar, 1.75 proteids.

The plan of feeding is about as follows: The administration of the first formula is begun on the second day; the second, on the fourth day; the third, on the tenth to the fourteenth day; after this make the increase in strength of the formula more slowly.

Amount of feeds.—Ordinarily, children may be fed cow's milk, diluted one-third, up to the end of the second month; from the third to the fourth month, dilute one-fourth; after the end of fourth, full strength. The amount must vary to suit the apparent needs of the baby; for no two are exactly alike in their requirements. Three to six ounces may be given until the end of the first month; from the second to the fourth month, six to twelve ounces; from the fourth to the ninth month, twelve to twenty ounces; from the ninth to the twelfth month, twenty to thirty ounces.

How often should a child be fed?—Authorities differ. Authors of text-books, and physicians, quite generally say: Feed every two hours up to the end of the second month; then every three hours to the end of the ninth month; then every four hours. Children should be fed morning, noon, and night, and not at all through the night. A bottle of water should always be at hand, to give when the child will take it.

Why children are born with gluttonous appetites.—If mothers have gone through pregnancy as they should, and kept their weight from going more than five pounds above normal (standard weight being one and one-half to two pounds to each inch of stature), children will not be born incumbered and with gluttonous appetites. Their weight at birth will range from three to six pounds; they will be lighter than average children born under the present haphazard custom, and they will be more active throughout their first and second years; they will teeth, walk, and talk earlier than the average child, and they will not be subject to the so-called children's diseases.

A child never overfed will never be sick. *No, properly-cared-for children will not take the so-called contagious diseases!*

The two- and three-hour feeding intervals are the direct cause of overfeeding, and become the exciting cause of all the ills to which children are subject under haphazard, or frequent-feeding, methods.

Children are expected to be sick.—Everybody, including doctors, expects children to be sick. If they are not, it is so unusual that it excites comment. This is due to ignorance regarding the cause of children's diseases. Children should not be sick, and will not be if properly cared for. They will not be sick unless stuffed beyond their digestive and assimilative capacity, or unless their food has not been properly cared for. Children's diseases, including the exanthemata, or eruptive fevers, are caused by interrupted elimination from overeating.

Hunger is necessary.—A child needs to feel the sensation of hunger; for it is a cosmic urge. The cosmic urge is seen, and understood by naturalists, in birds when the first warm days of springtime come: the feathered tribe begins to show symptoms of mating and nest-building. Reproduction is the urge, and it is a cosmic energy. The bodies of these birds begin to build eggs as soon as weather conditions favor. If a nest with eggs is destroyed, the urge for reproduction directs the energies of the bird into building a new nest and evolving more eggs. Neither of which would have taken place if the nest had not been destroyed; for the energy would have been expended in sitting, hatching, and caring for the baby birds.

Restlessness of a baby—crying and kicking—is necessary for development. If it is possible to feed the nervous system of a child in such a way that it will have no incentive to move, it fails to develop, and becomes a physical and mental idiot. What is idiocy? Non-development. The child becomes physically and mentally educated by

action; and unless it has impulses that stimulate movement, such as the natural functions of the body—hunger, and the physiological stimulation caused by the desire for bladder and bowel evacuation—no movements will be stimulated, and, as a result, the child fails to become educated—acquainted with its environment. Hunger is man's first and last teacher. At first, desire for food is the stimulation of activity, and unless there is a desire—if want is anticipated by caretakers, and supplied so that the incentive to move and cry is prevented—intelligence fails to develop and the child becomes an idiot. Hunger for food is our first schoolmaster. It forces a move on us, and we become acquainted with our extremities. It is by bumps and injuries that we are introduced to objects about us; and it is hunger that forces these movements. Soon we learn that there is pleasure in action—in movements; then it is our hunger for pleasure that stimulates a desire for play. And so we move on and on, building new desires just for the pleasure of gratifying them.

All education is built by our endeavors to gratify wants, desires, etc. The more wants we have, and the more they are reasonably supplied, the more wants we build.

It is a very great mistake to supply the human animal with all its wants, thereby removing the incentive to effort; for education lies in the wake of want and the effort to supply it. Nothing of value is ever possessed that has not cost an effort. *It is impossible to get something for nothing.* If we have food supply without effort, it becomes our undoing; for we must earn the power to digest it by the effort necessary to provide it. Parents who kindly, but unwisely, supply all the wants of their children deprive them of the practical education they need in securing what they want by self-effort.

Babies should not be nursed oftener than three times a day. They should not be disturbed for the purpose of

feeding even that often. When babies are quiet and sleeping, they should not be awakened for feeding. Later—when older—they will be awake more, and they may cry more; but what of it? They need to cry; they need to be left alone, as I said before, to become acquainted with themselves. Crying, and fighting with legs and arms, is exercise for them; they need it for health and education. The struggle for existence is necessary, and is worth all it costs. Feed children, from birth, three times a day; and do not endeavor to quiet them, unless their irritations are caused by wet, uncomfortable clothing. (Frequent urination is caused by overfeeding.) Give them an opportunity to grow, by allowing them to develop a hunger that is educational.

Sugar is needed.—It is better, however, when children are old enough to be given sweet fruits, to give raisins, dates, and figs. Such food is much better than crowding their digestion with all sorts of starchy food and sugar.

Starch-feeding.—It is a mistake to feed starchy foods too soon—before the end of the second year; for young children cannot take care of much starch. After the second year, thoroughly toasted bread may be given; but the child must learn to chew it. Such food is not to be softened, and all fluids must be avoided until through eating. If chewing cannot be taught, then feed thoroughly cooked cereals—no sugar.

What is better is to mash uncooked raisins, dates, or figs, mix with milk, and give all the sweet the child desires in this way. It may be necessary to soak the sweet fruit in hot water.

In the berry season, select ripe, fresh berries, and mash them with the sweet fruits named, instead of using sugar.

After two years of age, one meal a day may be of sweet fruits and milk.

Before two years of age, the child should be fed cow's milk three times a day. At one of the meals it should be given an ounce of the sweet fruits, rubbed through a fine sieve or cheese-cloth, and mixed with an ounce of milk; followed with what milk the child desires.

What harm comes to babies when mothers overeat?—The child is usually born incumbered (overweight), and it has a nervous system that craves stimulation. It inherits a nervous system that is easily taught gluttony—it "falls" for stimulants very readily. The children so cursed may become prejudiced to parents' vices and develop an enervating fanaticism that satisfies the morbid inheritance. Fortunate indeed is the child, born with the curse of sensuality stamped upon its nervous system, that is taught early in life how to avoid—how to rise above—its inherited tendencies. This is the duty that is now demanding the attention of this, and coming, generations. Such babies make a great fuss for food; they cry a great deal; and when their desire for food is supplied, or when they are fed according to their demands, they become more restless and harder to please. They are not satisfied with feeding short of an amount that makes them uncomfortable.

Mothers should eat moderately.—It is necessary for mothers to control themselves in every way; and fathers should help the mothers of their children by practicing self-control. Too often the mother has the only self-control in the family. Too often mothers have to furnish about all the virtue and self-control there are to transmit to children. Mothers must control their eating and keep their weight down. The self-control required for this imparts a poised state of the nervous system to the unborn child. Children so blessed before birth can be brought up more ideally—they are more easily controlled.

The eugenic child.—The present popular idea of the eugenic child is that it must be born of parents who have

attained a physical standard that is ideal in size and formation—accidental developments of our present haphazard system. The ideal physical developments, under our present system, are possessed of our system's imperfections in potentiality, and it is the potential that governs and stamps its wants upon the progeny. The ideal physiques of our system are accidents, rather than the consummation of developmental wants; hence the marriage of an ideal couple, products of our present haphazard system of low ideals—if, indeed, there are any ideals at all—has no ideals to transmit; and, as their physical organsisms have satisfied the accidental impulses that brought them to their perfection, they have nothing to project—transmit—and their children may, and are more liable than otherwise to, inherit the imperfections of their potentiality—their race inheritance.

Want is the potential energy "par excellence."—Children have their physical and mental wants transmitted to them. A desire for freedom must become a people's desire; then it becomes a potential energy that may be transmitted to children. Gluttonous and sensual people transmit their unnatural appetites.

Desirable transmission.—For children to inherit well, the desirable must be practiced for generations, until the virtue of self-control has become ingrained—has become a racial, or people's potential, energy.

THE ADVANTAGE OF WANT

I am told that the Jewish children of New York City average higher in their class work than those of any other race—than the children of our own country. Why? Because of an inborn want: want that has been generated by centuries of deprivation and abuse; want for freedom to live as other people live. Want for everything of a social nature has become as potential in the Jewish race as the racial blood itself. Such a driving want, coupled

with the potentials of loyalty and virtue of the Jewish maidens, wives, and mothers, which have been characteristic since tribal life, will eventuate in the Jew becoming the "white man's hope"—the savior of the white race.

The Jew has been, and is, abused; and our sympathies go out to him when we hear of the cruelties to which he has been subjected. The philosopher must see in this abuse a racial "blessing in disguise," in keeping with world-building. He must see a working-out of cosmic destiny that will end—by the Eternal, in spite of every opposition—in the Jew becoming the savior of the world. Individuals must suffer; but if they suffer and die for a cause so great as the emancipation of their race, and then their race become emancipators of all peoples from race-prejudice, their suffering and death will not have been in vain, and will win for them distinction's badge of honor and loyalty. World-processes are carried on with peoples, not with individuals. The individual good is of minor concern, compared with the advancement of races, peoples, and countries.

If the bitter cup of want and suffering could be diverted, how could the virtues that are brought in no other way become potential in a race? No! The Jews—this scattered race—will be united; not in Palestine, not in any restricted country, but by links of saved peoples. The Jew is cosmopolitan, and he must suffer, and continue to suffer, until fitted by suffering to emancipate himself and the world from the curse of race-prejudice and religious superstition. While the Jew has fought against amalgamation, he is destined to be the universal amalgamator. How soon this will come depends entirely upon how soon the Jewish people awaken to a realization of the great responsibility resting upon them. The Jewish race is essentially religious, but it has not worked out a

universal religion. This will come when universal amalgamation makes all peoples one.

If the above bit of philosophical prophecy serves its purpose—if it enables my readers to find themselves on the subject of eugenics; enables even a few to understand that want, suffering, and even death are body- and mind-building; such race-building as stamps character in the blood and makes it potential, not only in the individual, but in the race—then I shall be satisfied.

Eugenics, according to present-day ideals, is a pampering process and will produce an impotent race; for degeneration follows in the wake of pampered appetites and anticipated wants. Life always comes out of death. Death follows on the heels of creation, as night follows day. Real life is bought with self-effort, and work—work—eternal work. A people supplied with every want deteriorates. A child that knows no hunger—has no real wants—is already on the road to degeneracy. Babies that score all points in "baby shows" often die a few weeks or months after. What we do not know about eugenics would make a large book.

Why can America assimilate the so-called scum of Europe? America has not done much except furnish opportunity. When these unfortunate people come to this country, they are potentized with want; and the greatest is a want of opportunity. This America has given. But, like an unwise and indulgent parent, she has not looked after her charges as she should, and her adopted children are suffering from unwise indulgence; and prematurity—senility—is setting in, which, if not controlled, will lead to early national death. There is but one worse suffering than want, and that is oversupply. One leads to regeneration, the other to degeneration.

Children must be cared for in such a way as to develop the most health; and wholesome wants are not to be despised. Hunger must not be tabooed, if health is

craved. If education is to be worth anything, it must be secured at the price of a need and want that drives to action. The present system of education is a stuffing process; and those stuffed regurgitate their half-digested mental pabulum on a credulous public unable to discriminate between real digested knowledge and the dyspeptic variety.

I certainly hope that my readers will not be too impatient at my occasional excursions—digressions—out into people, race, and world subjects, for material to illustrate the great truth that laws governing individuals are the same as those governing peoples, races, and worlds, in their birth, life, and death.

Parents, and others who have the care of children, should learn, for the good of all concerned, that want must be great enough to force action; for through action come knowledge, experience, and lastly wisdom. It is well to remember that simply knowing will not do—we must experience. By practicing what we are taught by books and observation, the knowledge thus gained becomes ours, and not before. Theory gives a working basis; but until theory is worked out—proved in our own lives—it is not our knowledge.

How is a mother to know when a child is thriving?—A pampered and spoiled child is a problem for mothers; for it is hard to tell whether it is simply active, or in need of food or water, or uncomfortable. Mothers pay, and pay dearly, for overindulging their children; it makes bad actors of them.

If a child has no fever, and the bowels are apparently normal, the kidneys sufficiently active, the skin-coloring all right, and the sleep quiet and natural, the mother need not pay much attention to its crankiness or ugliness. A spoiled child is a tyrant, and rules to ruin.

To cure spoiled children.—Treat them with indifference. Place them where they cannot possibly hurt

themselves, and then allow them to become acquainted with themselves by "raising Cain." An hour or two spent in crying and spilling a lot of bad temper is splendidly educational, both physically and mentally; and where this remedy is used, in place of doctors and their dope, or soothing-syrup, children thrive and grow into good sons and daughters, and, neither last nor least, into good citizens.

Is there danger in much crying? Is a child liable to bring on rupture?—Crying is a form of exercise. At birth, and soon after, it is the only exercise a baby can take. There is no danger in allowing a child to cry until it goes to sleep. To cry hard brings tire, and tire brings sleep.

The only possible chance for rupture is to overfeed the child, and bring on fermentation and distention of the bowels with gas. Then the intra-abdominal pressure, aided by much crying or straining at stool, may cause rupture. Fast the child for a day or two, and then feed three times a day, giving half as much food as has been the custom, until cured of the gas distention. To cure hernia, a truss may be necessary when the child cries nearly all the time. If the hernia is large and inclined to stay out, have a truss worn daily—but have it taken off at night.

OVERFEEDING

An overfed child.—An overfed child, like inebriates and gluttons, has a constant desire for food. Its desire cannot be satisfied. Sufficient food should be given, but it is a great mistake to try to satisfy an abnormal desire. Many children are killed in this way every year.

How can a mother know the difference between an overfed child, a sick child, and a spoiled child?—An overfed child is a sick child, and often a spoiled child. An overfed child has curd in the bowel movements; it either is constipated or has diarrhea; its bowels are more or less

distended with gas; it is uncomfortable, and often cross and irritable. A spoiled child will make as much trouble for nurse or mother as a sick child; but it has no symptoms of sickness.

How should an overfed child be cared for?—Fast it as long as necessary to remove the gas from its bowels, to get rid of the white milk-curds (undigested milk), and to overcome diarrhea, should diarrhea be one of the symptoms. If constipation is one of the symptoms, the bowels should be washed out thoroughly every day until all curdled milk—all accumulation—is washed away; then give half as much food as was given before the child was made sick.

What should be done for vomiting?—Stop feeding and giving water. Children are thirsty when there is much irritation in the stomach, and often vomiting will continue until the stomach is rested from food and water. To relieve thirst, give a half-pint of plain water by enema every three hours until vomiting is controlled; then give boiled water by mouth for twenty-four hours before starting to feed.

How should a child during the first year be fed after an attack of stomach irritation is overcome?—A child less than six months old should be fed about one-fourth the amount that it has been in the habit of taking before the attack of sickness, and of the same food that it has been accustomed to. A child of eight months to two years of age, if the weather is hot, should be given nothing but water the first day. Fruit juice should be given the second day. The third day it should be given milk—about one-third of its accustomed supply—in the morning; fruit juice at noon; and, in the evening, if all goes well, about half the usual supply of milk taken before the sickness. By the third day it should be able to take its accustomed food, in about half the quantity, and at the same intervals that it has been accustomed to taking food. Then increase

each day. But, as the child has been overfed, it would be well not to allow it to have so much as it was taking before its sickness. If, however, the sickness was brought on from imprudence—feeding articles of food that should not go into any child's stomach—perhaps all that will be necessary will be to give it the accustomed amount of milk, and leave the improper feeding alone entirely.

Mothers should be careful about trifling with their children's stomachs in hot weather. Give the food to which the child is accustomed, and do not change or try experiments until the fall weather makes it safe. Nearly all children that are taken down and die with cholera infantum are forced into their sickness by mothers or nurses who believe that it is necessary to give babies a variety of foods. It is well to remember that milk carries all the nourishment necessary. All the constituents of the body may be found in pure milk; hence it is not necessary to take any risk in hot weather by attempting to feed the child outside of its customary milk supply.

WEANING

Weaning the baby.—Children should be weaned at the end of the first year. Mothers should begin to give a little cow's milk a month or two before they intend to take the child off the breast. After letting the child nurse, give it a small amount of cow's milk through a nursing-bottle. This teaches the child to use the bottle, if it has not already been taught how to use it for drinking water. All babies raised properly should have a bottle of water given to them, or offered to them, every day. Children are often thirsty, and when being fed in the usual haphazard way they will be nursed instead of being given a drink. This lays the foundation for sickness.

If the child is born in June, it should be weaned in April. Such children should be given a little cow's milk in February, along with the mother's nursing; gradually

increasing the cow's milk and reducing the amount that is taken from the mother's breast. In this way the child can be weaned without any digestive disturbance. It is, however, well to bear in mind that the disturbances which come to children when their food is changed are due to overfeeding more than to the change. If the people and the profession could once get this idea well in mind, it would save a world of trouble in the care of children. The way that some children are abused by changing from one kind of food to another, almost daily, at a fatal time—namely, when they are getting their second teeth, and in hot weather—is appalling, and wholly unnecessary; for the reason that all the different foods disagree is because of overfeeding and feeding when sick.

If the end of the child's first year comes between June and the first of September, the weaning should not begin until September. About the ninth month, cooked or raw fruit may be given—a very little at the start; and if the child makes faces, as though the taste were not agreeable, wait. It is not necessary for a healthy child to be fed anything but milk the first year.

At the ninth month the child may be given a hard whole-wheat biscuit or cracker on which to cut its teeth. It will learn to eat by biting on the bread. The only other food to be given should be milk for the three meals.

Much unnecessary sickness and many deaths among children during the hot weather could be avoided if all mothers would adopt my golden rule; namely: Never give food when children are uncomfortable; and if a child is not comfortable from one meal time to the next, then the meal that is due must be omitted. The question of overfeeding, and of different foods disagreeing, would be settled if that golden rule were adopted in the household—not only for the baby, but for every member of the family.

Such feeding as is indicated by the following clipping, which was sent to me by a friend in Cambridge, Massachu-

setts, cannot be passed upon as anything but manslaughter in the first degree. The friend who sent the clipping did not tell me who the author was; hence I cannot be very personal in my comments. I shall say, however, that it is in line with the feeding advocated by the physician who is educated into modern medical science. Look at the dinner advocated for this ten- or twelve-month-old child: chopped meat, meat broth, eggs, potato, gravy! Gravy, and for a baby! Grease and starch in combination, crackers, zwieback, etc.! Doctors who recommend such eating may have raised pigs, but they have not raised children; or, if they have raised children, they have raised chronic invalids. Doctors who advocate feeding babies in that way will find it necessary to operate upon their children, when they are just entering manhood and womanhood, for appendicitis, ovaritis, or draining the gall-bladder, etc. But, from their point of view, the feeding has nothing to do with it; hence they will go on advocating the murderous plan of feeding children.

WEANING BABY

Mrs. M. writes: "Will you kindly advise me through your 'How to Keep Well' column what I should feed my ten-month-old baby when I wean him? He weighs nineteen pounds and has no teeth yet. I feed him orange juice in morning and blood of beef four times a week; also nurse him every three hours. Do you think this the proper time to wean him?"

REPLY

Wean him in April. He will then be between eleven and twelve months old. Feed him as follows:

7:00 A. M.—Six ounces of milk and two ounces of oatmeal gruel.
9:00 A. M.—Orange juice, strained.
10:00 A. M.—Twelve ounces of a mixture of milk, two parts; oatmeal gruel, one part.
2:00 P. M.—A little finely chopped meat, meat broth or eggs, potato and gravy, finely chopped spinach and carrots, crackers or zwieback, four ounces milk.
6:00 P. M.—Twelve ounces milk, two parts; gruel, one part.
10:00 P. M.—Six ounces milk and two ounces gruel.

Chapter III

FEEDING

SECOND TO FIFTH YEAR

THE SECOND YEAR

OR the first six months of the second year, cow's or goat's milk should be given—all the child will take. If the child has been nursed three times a day only from birth, it will not have an abnormal desire for food, and it can be trusted to take all it wants.

Give the child all the milk it will take three times a day; at noon, in addition to milk, give fruit or vegetables. Run these foods through a vegetable mill, and grind into a pulp. If necessary, rub through a coarse sieve. Select sweet or moderately sour fruits—peaches, apples, pears, blackberries; spinach, lettuce, celery.

Prepare spinach and berries, or any other fruit that is not very acid. An orange, if sweet, is very nice to use with the vegetables, as follows: two tablespoonfuls of spinach and celery in pulp, with the juice of a sweet orange, or a like amount of pears, apples, or berries. Feed the child all it will take; then follow with as much whole milk as it will take. If the fruit is as sweet as it should be, no sugar is necessary. Children like a reasonable amount of acid. They have such a desire for fruit that, if they cannot get it ripe, they will eat green or immature fruit with a relish. This is referred to by laymen, and too often by medical men, as a morbid appetite. Eating chalk, pencils, dirt, plaster, wood, and other substances that are in no sense of the word food, comes from a badly balanced bill-of-fare. A proper

amount of fruit and vegetables with the regulation diet will prevent such morbid desires, and will also prevent the developing of parasites in the alimentary canal. The greatest influence of a properly balanced diet is that it does not stop at preventing a morbid appetite and the developing of parasites, but it causes the child to be immune from the so-called contagions. I do not believe in contagion, but I use that term so as to make myself understood by the people as well as the profession.

During the last six months of the second year a heaping teaspoonful each of ground, toasted bread and pecans, or English walnuts, may be added to a salad—lettuce, tomato, cucumber, and a small bit of onion—at noon, followed with milk. If the child enjoys fruit more than vegetable salad, leave out the bread, using the nuts and fruit; follow with all the milk desired. The evening meal may be the same as the breakfast—simply milk.

During the summer time, if desired, corn may be used. Cut it off the cob, mash thoroughly, and rub it through a coarse sieve. It may then be cooked in a double boiler, or mixed with the combination salad.

How often is a child to be fed during the second year? —If the child has been fed four times a day up to the second year, it should have one meal taken from it; for three feeds each day, and none through the night, is the proper way to feed children from birth; yes, from conception—and, what would be better, from the conception of the child's parents, back to, and including, the grandparents.

I do not believe in giving food oftener than three times a day from birth. I do compromise with a few mothers on four meals a day. Frequent feeding, and overfeeding, is the bane of infancy and childhood. Most physicians prescribe too much food.

I quote from the very popular book, "The Care and Feeding of Children," by L. Emmett Holt, M.D. (D.

Appleton & Co.), to show how frequently he has his clients feed their children:

"Give a proper diet for an average child from the eighteenth month to the end of the second year."

The daily schedule should be about as follows:

6:30 A. M.—Milk, warmed, ten to twelve ounces, given from cup.

9:00 A. M.—Fruit juice, two to three ounces.

10:00 A. M.—Cereals: similar to those given from the fourteenth to the eighteenth month; they need not be strained, although they should be cooked and served in the same way.

Crisp, dry bread, zwieback, or Huntley and Palmer biscuits, without butter.

Milk, warmed, one cup.

2:00 P. M.—Beef juice and one egg; or both and meat; care being taken that the meat is always rare and scraped or very finely divided; beefsteak, mutton chop, or roast beef may be given.

Very stale bread, or two pieces of zwieback.

Prune pulp or baked apple, one to two tablespoonfuls. Water; no milk.

6:00 P. M.—Cereal: farina, cream of wheat, or arrowroot, cooked for at least one-half hour, with milk, plenty of salt, but without sugar; or, milk toast or stale bread and milk.

10:00 P. M.—If required, ten to twelve ounces of plain milk.

"What would be a proper schedule for an average child during the third year?"

7:30 A. M.—Cereal: cooked (preferably overnight) for three hours, although a somewhat larger variety may be given than during the second year; given as before with milk or thin cream, salt, but very little sugar.

Warm milk, one glass.

A soft egg, poached, boiled, or coddled.

Bread, very stale or dry, one slice, with butter.

10:00 A. M.—Warm milk, one cup, with a cracker or piece of very stale bread and butter.

2:00 P. M.—Soup, four ounces; or beef juice, two ounces. Meat: chop, steak, roast beef, or lamb or chicken. A baked white potato; or, boiled rice or spaghetti—both cooked five hours.

Green vegetable: asparagus tips, string beans, peas, spinach; all to be cooked until very soft, and mashed, or preferably put through a sieve; at first, one or two teaspoonfuls.

Dessert: cooked fruit—baked or stewed apple, stewed prunes.

Water; no milk.

6:00 P. M.—Cereal: farina, cream of wheat, or arrowroot, cooked for at least one-half hour, with plenty of salt, but without sugar; or, milk toast; or, bread and milk; or, stale or dry bread and butter, and a glass of milk.

Please note that the doctor prescribes fruit juice at nine o'clock after a feed of ten to twelve ounces of milk at six-thirty; then in one hour—at ten o'clock—cereals or bread, followed by the cup of warm milk. That means twenty to twenty-three ounces of milk, besides the cereal or bread, for the half-day.

For the second half-day: beef juice and one egg, or both and meat; very stale bread, or zwieback, prune pulp or baked apples; then, in four hours, cereal or milk toast, or stale bread and milk; then, at ten o'clock in the evening, he recommends ten or twelve ounces of milk, if the child wants it.

That is stuffing with a vengeance! If it were not overeating, the combination recommended for the two o'clock meal is about as unscientific as it is possible to combine food.

His second table is more abominable than the first; for he gives an egg for breakfast, and beef juice and meat for the two o'clock dinner, besides bread, fruit, etc., mixed in any old, haphazard way.

I had a patient—a little girl of three years—suffering from glandular infection, brought on from having been fed strictly according to the Holt book. If the diet had been continued, the child would have died from tuberculosis brought on by a diet indorsed by the medical profession.

A child that is born of parents who are under the influence of gormandizing; who believe in overeating; who believe that prospective mothers should eat for two, is cursed by conventional eating habits. It is prenatally trained to overstimulation. And nerves that are educated to overstimulating habits will cry out their wants. Hence, children born with the overeating curse are restless and hard to care for.

To keep up this gormandizing inheritance, the medical profession has adjusted child-feeding to correspond. Beginning at birth, the offspring of the human cormorant is fed every two hours, or oftener. At the end of ten or twelve months the feeding is five regulation meals, four hours apart, of eight to nine ounces of milk, one-third gruel; besides this, one or two ounces of orange juice and an ounce of beef juice each day.

This amount of feeding will cause restlessness, irritability, and much sickness. Such feeding causes broken sleep at night—exactly the opposite result from what parents and doctors desire and expect.

Hot weather is not the time for heavy eating.—Why should a child be fed heavily during hot weather? It surely does not need heat-producing foods!

During the first year milk is sufficient. During the second year, and especially in the hot summer weather, allow the child to eat all the fruit it will take with a relish, either before or after it is given its regulation milk meal. Understand, the fruit and milk are to be given at the same meal; or the milk may be given night and morning, and fruit without milk at noon; positively no starch. Milk and fruit will agree; but fruit, milk, and starch will not.

It is a mistake to feed starch before two years of age.—Children under two or three years of age have trouble in converting starch into sugar. They should get their sugar

from fruit: fresh fruit in summer, and the dry, sweet fruits in the winter—raisins, dates, and figs.

Proteid foods, except milk, not needed.—It is a great mistake to feed fish and eggs to children under two or three years of age. Indeed, if children are started right, it is very doubtful, in my mind, whether there is ever any excuse for feeding animal foods, except the dairy products, at any time during life.

Starch as a food for children.—The custom of feeding babies starch—of feeding cooked starch with milk—is so general that those who read my articles, and who are not in full sympathy with my no-starch-for-babies idea, desire me to give them the best plan of feeding outside of my own. There have been a few statements made in these directions for the care of children—a few suggestions regarding feeding—that are not in keeping with my individual plan for taking care of children. I felt that this concession should be made for the benefit of the unsympathetic readers of my system. No doubt there are quite a number who read what I write for general information on non-drugging, and some for special information. A few have frankly told me that they had no notion of adopting all my ideas; for they believed me an extremist. Hence I shall give directions for adding starch to milk, and permit those who believe in starch to use it or not, as they please. But I wish it understood that I never prescribe starch for children under two years of age, further than to permit hard bread, toasted, for teething children to bite on, instead of a rubber ring. A water cracker, toasted, is a bread that is safe for this purpose, as little will find its way into the stomach.

Feeding three times a day.—As stated above, I believe in three meals a day for children when they are first born. I certainly, then, do not believe in feeding older children oftener than three times a day. This answers the question

frequently asked: "How often should a child of one to two years of age be fed?"

When to give lime and sugar.—Those physicians who use starch with milk recommend lessening the amount of lime-water and milk sugar after the first year, and a few of them leave it out of the second year's feeding entirely. A broth made from meat is often given as one of the feeds, and at this age it is recommended to give the child food from a cup; that is, begin to teach the baby to drink from a cup, so as to wean it from the bottle a little later.

Milk and fresh fruits, such as pears, apples, and berries, should be used exclusively during the second year. —I believe that the best plan is to continue feeding milk almost exclusively until the end of the second year. It should be given by bottle, care being exercised that the nipples are of such a construction that the child cannot nurse too rapidly. The milk is, and should be, churned by the mouth in the effort of drawing it from the bottle. Drinking from a cup teaches children the bolting habit—it teaches them to drink, or to take food into the stomach, too rapidly. When fruit is given, have the child eat all desired, then follow with the milk.

Mash fruit into a pulp, and avoid varieties that are very sour.

Authoritative feeding.—The proper diet for a twelve-month-old baby, according to Dr. Holt, who is recognized by the profession generally as an authority on feeding children, is:

6:30 A. M.—Milk, six to seven ounces; diluted with barley or oat gruel, two to three ounces; after the thirteenth month taken from a cup.

9:00 A. M.—Orange juice, one to two ounces.

10:00 A. M.—Milk, two parts; oatmeal or barley gruel, one part. From ten to twelve ounces in all may be allowed. It should be given from a cup.

2:00 P. M.—Beef juice, one to two ounces; or the white of one egg, slightly cooked; later the entire egg; or mutton

or chicken broth, four to six ounces. Milk and gruel, in proportions above given, four to six ounces.

6:00 P. M.—Same as 10:00 A. M.

10:00 P. M.—Same as 6:30 A. M., except that the milk may be given from the bottle.

How to prepare barley.—

Barley water: Soak pearl barley overnight. Then put one heaping tablespoonful in a pint of water—no salt. Simmer steadily for four hours, adding water when necessary to keep the quantity up to one pint. It should then be strained through muslin.

Barley gruel: Use from two to four tablespoonfuls of the macerated pearl barley, or the prepared barley flour. Thoroughly blend the flour with a little cold water. Then stir into a pint of boiling water—no salt. Cook for thirty minutes in a double boiler, and then strain. Enough boiling water should be added to make a full pint.

Feeding according to authority is too much.—To my way of thinking, Dr. Holt advises altogether too much food for any child between twelve and twenty-four months. Instead of giving milk diluted with barley gruel, it would be better to give the straight milk—six to ten ounces three times a day, depending upon the amount that the child can digest well.

What can be done to cure a child of restlessness at night?—Stop food from six o'clock in the evening to six in the morning. It will take several nights to overcome the night-eating habit; but, after the habit is broken up, the child will sleep all night and give no trouble whatever; and it will be easier to care for, because not so restless, through the day.

Irritability of babies, children, and grown people is brought on from overstimulating habits. It is a sign of enervation. Nerve impotency always follows stimulation beyond normal requirements. Lay mothers must know that food is stimulating, and, when given in excess of

needs, must be followed by enervation. Excitement is stimulating. Children that are handled much, and that are subjected to the attention of strangers, are made restless from such overstimulation.

The child should be fed moderately, and kept away from excitement; and it should not be allowed to chill.

Keep sick babies warm.—Sick children chill easily. In hot weather, overfed children are restless; they kick the covering off, and chill. The combined influence of overfeeding and chilling causes much sickness and many summer diseases in children.

Diarrhea and its significance.—A teething child with intestinal indigestion at the beginning of hot weather—by the middle of June—is in a precarious state; for, unless nursed and cared for correctly, it can hardly get through to September. This is truer of children in the middle and eastern states than of those in the West, and especially in the inter-mountain states.

Fermentation.—The cause of diarrhea—in fact, the cause of about all the diseases of children—is fermentation; and there is much less fermentation in the inter-mountain states than there is in the eastern, middle, and southern states.

What causes fermentation?—Hot, humid weather favors rapid growth—rapid change, physiological and pathological. The higher the forms of life—the higher the chemical complexity—the more unstable, the more tendency for change, and the more tendency there is to revert back to primary elements. A fertilized egg breaks down early in hot, humid weather. Enervated people—old and very young people—should not eat eggs in hot, humid weather, unless they can get those that are produced under conditions guaranteeing sterilization.

Hot, humid weather is enervating; and when there is a lack of nerve energy, normal resistance is lost, and the animal, be it human or brute, has less power to maintain

a normal health standard. Young children must be fed food that is procured from strictly continent sources. Milk from mothers, or from animals, must not be de-energized by being under reproductive excitement.

Nursing mothers must be allowed to live continent lives.—Milk produced under incontinent influences and in hot, humid weather is liable to cause sickness when fed to young, teething children; and, if fed to those with impaired health, it continues the ill-health. Too great care cannot be given to the source of food supply; and then the care of the food, and the utensils through which the food is conveyed to the child's stomach, must receive the most intelligent care.

Hot weather enervates.—Hot weather having an enervating influence on human life, care should be given not to add other enervating influences. Nursing mothers should be free from every excitement; their minds should be free from care and worry, and their bodies free from all influences that will overheat or tire.

Care of children when they are feeling uncomfortable.—If a child should be feeling uncomfortable, fretful, irritable, showing slight indications of bowel disturbance, such as curds or other undigested food in movements from bowels, or diarrhea, stop all food except fruit juice. Please understand we are assuming that the time is hot weather—July—a time when children often get sick from overfeeding, or feeding out of bottles or other utensils that have not been properly prepared by scalding and sunning. Any kind of fresh fruit that the child appears to take with a relish may be fed to it under these circumstances. Mash and strain blackberries; they will fit the palate, as well as the digestion, of more children than any other kind of fruit. When blackberries cannot be had, use pears or mild eating-apples mashed into a pulp. If the child appears not to enjoy fruit, do not insist on its being taken. Almost any of the fresh summer fruits may be given to

a child under these circumstances, but the fruit should be mashed and run through a sieve or cullender. The Concord grape should be scalded—not enough to cook it, but enough to overcome the tendency of the skins to disturb the stomach. Dip the grapes in boiling water for a few seconds, then run cold water over them, and put them through a fruit press. Give the child all it appears to take with a relish three times a day; and, between the fruit meals, water as frequently as it will take it.

When to resume feeding.—When all symptoms of indigestion have disappeared, resume former feeding; at first about one-fourth the amount formerly eaten, and increase carefully daily.

Children should be given plenty of water; they are often thirsty, not hungry.—Children that are just beginning to break down from improper care and hot weather will usually take freely of water, but they do not care for anything else. Many mothers make the mistake of satisfying the thirst of sick children with milk, instead of offering them water; and these unfortunate children, on account of their thirst, will drink or nurse milk, much to their detriment. Indeed, many children are killed because mothers make the mistake of believing that a thirsty child is hungry. All mothers should understand, first, last, and all the time, that milk is a food and not a drink. Children should be offered water frequently through the hot weather, and daily at all other times in the year. If this is attended to carefully, many children will be saved sick spells; for the substitution of milk, when water is needed, would be quite sufficient to make a grown person sick—and how very much more certainly a little child that does not have a great resistance!

Changing food.—One of the most common mistakes made by doctors, nurses, and mothers is the frequent changing of food when the child has been forced into stomach and bowel derangement from overfeeding. In the

first place, it should be clearly established in every mind that little children will not be sick with digestive derangements unless they are fed beyond their digestive capacity. The capacity varies greatly. It should be understood, and never forgotten, that what some child eats, or has eaten, is no criterion by which to feed others. Every child is a law unto itself, and must be cared for individually. On very hot days, if mothers have not been careful to keep the children as cool as they should be, they will become enervated from the heat. On account of the lowering of nerve energy, they cannot take care of the usual amount of food, and if they are given the full amount, indigestion and bowel trouble may follow; indeed, they are almost sure to follow. Consideration must be given to the amount of nerve energy possessed by a child. If, from any cause, the mother or nurse is suspicious that the child is enervated, the amount of food taken must be cut down. If the child is really sick, no food at all, except a little fruit juice, should be given until the symptoms have passed away. Do not insist on the child taking fruit juice unless it can take it with relish.

Changing food does not rest overworked digestion.—Changing the food is not relieving the digestive organs of the tax put upon them. The food to which the child is accustomed is the food, of all foods, that should be trusted to agree when a child has been sick and is recovering. *It is well to emphasize an unrecognized truth; namely, digestive derangements of nursing babies are not once in a hundred times due to the QUALITY of the food—milk—but they are due to the QUANTITY.* After a child has had its digestion disturbed, the time when it is beginning to recover is not the proper time to try new food. The stomach will tolerate the food to which it has been accustomed much better than it will unaccustomed foods. The habit of changing from one food to another is one of the

stupendous blunders of child-raising; and when it is done in the treatment of cholera infantum and its sequels, or the broken-down state of digestion following other diseases, we have the most common cause of infantile mortality. As incongruous as it appears, a change in food is made when a fast is necessary; and death is the penalty.

What is the best food for a sick child?—When asked what I consider the best food for children under such circumstances, I invariably say: No food at all is what the child needs, until all indications of deranged stomach and bowels have been overcome. Then begin with the food to which the child is accustomed; but be sure that no more is given than can be digested—certainly not more than one-fourth, and perhaps one-eighth, of the quantity that it has been in the habit of taking should be given to start with. Then gradually increase—but watch; and if there is any tendency for the bowel symptoms to return, or the stomach to become upset, miss the next feeding, and then go back to an amount small enough to be taken care of by the depleted or enervated digestive organs.

THIRD TO FIFTH YEAR

Owing to the fact that children three years of age do not chew well, it is better to have the cereals cooked. They should be cooked in a double boiler. Add a little salt,* and milk one-half cream; no sugar. At noon a child may be fed a soft-boiled egg, or a small dish of well-made cottage cheese, and any kind of fruit that the market affords. In the winter time, a baked apple; or, if the child will enjoy the apple raw, let it have all that it wants at the regular fruit meal. In cold weather, raisins, dates, or figs are the best fruits; in the summer time, all the berries

*When I say add salt, I mean very little; and I am not sure but that no salt would be better.

or other fresh fruit it wants for the fruit meal, changing about to please the taste. Once or twice a week the child may have what bananas it wants. The bananas should be ripe, but not overripe. Bananas should not be fed to children when they are soft and beginning to break down. Positively no bread is to be taken in this meal. In the evening have toasted bread. It should be made of one-third whole-wheat and two-thirds white flour, baked in the form of a loaf, and then sliced and toasted; or biscuit can be made very thin, and baked thoroughly; or it can be made an inch thick, and then split and toasted; or thoroughly cooked oatmeal, corn meal, or rice may be used. Dress with rich milk—no sugar.

If care is taken, the child may be taught to eat the puffed wheat and puffed rice correctly. The breakfast foods, or the cereals of the ready-to-eat sort, should not be served with milk. They must be eaten dry. Little children must be taught to eat dry toast and butter, or the dry cereals, and then follow with a glass of milk; and the milk should be taken a teaspoonful at a time.

As soon as the child can masticate a salad, it should have a salad with the noon meal: an egg, soft-boiled, poached, or scrambled, and a good-sized combination salad —all the child will take. If desired, nuts may be ground up and mixed with the salad, leaving out the egg. About twice a week baked potato may be added to the salad. In making the salad, the vegetables should be crisp and fresh: lettuce, tomatoes, and cucumbers, equal parts, with a very small bit of onion; dressed with salt and olive oil. Children should be taught to take a salad every day. Twice a week baked potato or boiled potato may be added to the salad; twice a week nuts. The pecan is the best nut. It should be ground and put into the salad. There is no objection to cottage cheese every day at this meal. One or two soda crackers, with a little butter on them, may

be eaten with a dish of salad, or the toasted bread and butter with the salad. The variety for the noon meal may be toasted bread and butter, followed with milk. When the child would prefer fruit, it may have all the fruit it wants—I mean the fresh, uncooked fruit; and if it wishes to satisfy its desire for food in the evening with fruit, the mother should not worry because the child is not getting enough to eat. In cold weather, the sweet fruits—namely, raisins, dates, or figs—may be eaten with the fresh fruits.

Chapter IV

CARE OF CHILDREN FROM FIVE YEARS TO FULL DEVELOPMENT

FOOD

F PARENTS wish their school boys and girls to get on well, they must conserve their nerve energy. Children should go to bed early—they should have regular hours for going to bed and getting up. They should not be permitted to lounge after getting-up time. Whenever a pupil is nervous, irritable, and showing no relish for the food offered, but is willing to eat something else, he should be excused from school, kept in bed, and given water frequently, but no food until his irritability has given place to a happy state of mind. Then for several days give toasted bread, butter, and a glass of milk for breakfast, lunch, and dinner, until his nervous system has become normal.

Self-control is one of the most important qualities of character. If teachers, guardians, and parents do not have it, they cannot impart it. Order is another important quality of character, and necessary to success. Punctuality is equally important; indeed, the others are not possessed in full without it.

Cleanliness of body and mind is a necessity. But the greatest virtue of all is reverence for law and order. I mean natural law and order.

The people have been quite faithfully teaching the young to respect and obey a supreme power. This teach-

ing is, and has always been, rather mystifying and intangible. In its practical application it appears to have fallen short of bringing health to the people. It appears to me that, to obviate the crime of universal sickness and premature death, it would be well to teach our children respect and reverence for the laws of our being. In doing so, we shall have a better chance of building a race of sober, healthy people who do right for right's sake.

Children should be taught early in life that, if they would live long and enjoy life and health, and be possessed of all the mental and physical strength possible for them to have, they must learn what natural laws are, and then obey them.

They must know that food is necessary, and that, when taken in moderation, it builds the body and mind; but that, when taken in excess, it brutalizes, vulgarizes, and causes disease and early death.

Children should know that to make a pleasure of eating and drinking is to build a sensual nature. Eating should be sufficient to build the body and keep up repairs. When taken in excess of this amount, it produces disease, animalizes and handicaps the mind.

Young people should know that the mind may be handicapped by sensuality, and that this is the usual cause of all man's failures. Everything else being equal, the man with bad habits is held down. Many poor men are poor because of sensuality. Lack of ambition is caused by sensuality. If the shiftless person is prevented from indulging his love of idleness, he will learn to love work. The lazy boy and the indolent girl are food drunkards. They eat too much; because of idleness, they fail to breathe deeply; the circulation of their blood is sluggish from inactivity; hence the secretions and excretions are retained, and they are autotoxemic—poisoned (drunk) on their own waste products that could not be

got rid of by activity—by thinking hard and working hard.

The sick boy is a drunkard. He gets drunk on his own waste matter. Such drunkenness keeps him from making progress in school. When he starts out in life, he fails to get on—he cannot succeed because his brain is dull and stupid, and because he fails to see the opportunities that are before him every day.

Students must play hard, study hard, eat moderately, and cultivate a happy mind by getting high marks in their lessons.

The boy who eats meat, bread, potatoes, and coffee for breakfast will not keep up with his class.

Breakfasts for school boys and girls should be: oatmeal mush or corn-meal mush, and unskimmed milk; or dry breakfast foods with butter, followed with milk; biscuits, butter, and honey, followed with milk, not oftener than twice a week; for Sunday morning, cakes, muffins, or waffles, butter, maple syrup, and milk; positively no sugar with the breakfast foods, and no eating between meals.

Lunch: all the fruit desired; once a week, pie and milk; once a week, plain cake and milk.

Dinner: meat, fish, chicken, cheese, or nuts, with non-starchy vegetables and a salad or a slaw, every other day; the alternate days, instead of meat: potatoes, corn bread, navy or butter beans, with the cooked, non-starchy vegetables and salad or slaw, leaving lemon juice out of the salad.

When whole-wheat bread, butter, and milk are preferred for dinner, these may be eaten in place of the meat and vegetables.

When lessons are hard and the student is falling behind, eating should be light: fruit for breakfast; milk for lunch; and toasted bread and milk for dinner. If neces-

sary to fast for a day or two, to clear the mind and help it to concentrate, it should be done; for it is dangerous to allow a pupil to drop behind his class because of a hazy state of the mind brought on by heavy eating. The majority of failures in life begin in the discouragement brought on by dropping behind in the studies at school. Wrong eating is the primary cause.

CLOTHING AND BATHING

Children need not be dressed for the home or the schoolroom much more warmly in the winter than in the summer. The habit people have of changing light underwear for heavy, because autumn has come and it is time to change, whether the weather has grown colder or not, is a mistake that causes a lot of catching cold in the fall.

Children should wear gauze, or very light cotton or linen, underwear in hot weather. This should not be changed until the thermometer registers forty degrees Fahrenheit; then ordinary light-weight underwear, with medium-weight stockings and shoes, may be put on, with medium-weight outside clothing. For ordinary cold weather, children should have medium-weight coats and cloaks; for cold and blustery weather, wraps that come down to the heels, and heavy enough to keep warm; overshoes if necessary; enough outside clothing to meet the requirements of very cold weather. Homes and schoolrooms are kept at a summer temperature; hence it is improper for children to be dressed for cold weather when at home or in school. When children are overclothed, fed heating food, and kept in hot houses, is it any wonder that they catch cold often, and are forced into having many diseases that are brought on from being overheated?

Children's diseases should be called hot-house diseases. Heat enervates; and the readers of my writings ought to know what that means. Enervation always means imper-

fect elimination, with accumulation of waste products—autotoxemia.

I say to parents: Do not overclothe your children! Their colds come from too much food, the wrong kind of food, and being kept too warm.

A story is a good thing to tell when it carries a moral; hence I shall tell one:

Thirty-five years ago I was called to the home of a country gentleman to see an old lady, the gentleman's mother. My patient had the appearance of a well-preserved woman of sixty years of age, but when I accused her of being sixty, she, with affected injury, pointed to her son, the esquire, and said: "My son there is sixty. My age, my last birthday, was eighty-four. I have sent for you to have you examine my leg, to see how much I am injured. One of the flues was smoking; and I went up on top of the house [a two-story country home] to see if I could find the cause, and I am ashamed to say I was so clumsy that I slipped, and in falling I hurt myself. I think my injury is simply a sprain, but I thought it was best to find out, and if there is a short road to being placed back on my feet, I want it; for I hate the bed. I know what becomes of people of my age when forced to go to bed."

This woman's muscles and flesh were more like those of an athletic woman of forty, and her mind was in keeping. She had gone up on the house, using ordinary ladders, which she placed without assistance, and without the knowledge of her son or other men about the farm.

While waiting on her, I noticed several children from eighteen months to twelve years of age. I asked her if they were great-grandchildren. "Indeed not! They are grandchildren. They are John's third set"—meaning the gentleman referred to before. He had raised two sets of

children, the mothers of whom had died. He was the proud father of twenty-two healthy children.

My patient had given a family reunion on her eighty-fourth birthday, and one hundred and thirty-five children, grandchildren, great-grandchildren, and great-great-grandchildren were present.

I noticed that the children were barefooted, although the time of the year was December, with snow on the ground. They were running in and out of the house, and appeared to go into the snow without concern and as a matter of course, as if it were of daily occurrence. The esquire told me that he had raised all of his children without shoes. "It is good for them to play in the snow barefooted," he said. "As proof, I wish you to know that I have my first doctor's bill to pay for a sick child. They get plenty of bread and milk, and have free access to all the fruit they can eat, and receive no attention. The older children wash, comb, and dress the younger ones. We allow them to fight out their own battles and settle their own disputes."

I must add that they were fine specimens of animality.

Perhaps some reader will have in his mind the question: "How about the morals of such a family?" There was no affiliation with the churches. The men, as fast as they arrived at manhood, took precedence in stability over the young men with whom they were brought up. The family stood for honor, honesty, and first-class citizenship. They were good, plain, substantial, common-sense people, absolutely devoid of the weather-cock type of mind.

The child of today is pampered too much. Between pampering and coddling, the average child is so enervated that it is half sick all the time.

Dress children as advised; say, for winter, what might be called heavy-weight summer clothes, with heavy enough

coats and cloaks, with occasional overshoes, to protect against the storm.

Make them take two tub baths a week for cleanliness. Let them sleep in a ventilated bedroom, but not in a draft.

Children should be put to bed at nine o'clock in the summer time, and at seven or eight o'clock in the winter time. They should sleep every day from twelve-thirty to one-thirty; and, if the school interferes with the midday sleep, the school hours should suffer, not the child. The school is made for the child, and, if it is not made right, the school should be made over, not the child. The child is superior to the school. It is of first consideration.

When parents join together and demand two hours at noon, that their children may come home from school, eat, and take an hour's sleep, they will get it.

Any physician whose opinion is worth anything knows that the growing child should sleep each day. Children under seven should sleep one to two hours in the forenoon, and the same in the afternoon. Children over seven should have at least one hour at noon.

Rest and sleep are needed for the proper development of the child's body and mind. School days are too strenuous, and, as a result, the seeds of nervous diseases and insanity, as well as of physical diseases, are sown in childhood. Rest, mental and physiological, will cure the larger percentage of nervous diseases in children as well as in grown people. This being true, the remedy points back to the causes, which are overstimulation and lack of rest; and these causes go back to embryonic life.

SLEEP

Children that are taken care of properly before birth, and after birth, will sleep nearly all the time the first three or four weeks. Indeed, very healthy children ought to sleep, the first week, about twenty-three and one-half hours out of every twenty-four, and the second week at

least twenty-three hours each day. Children should be put to bed early in the evening. From infancy they should be taught to go to bed with the chickens, so to speak—as soon as the sun is down.

Many boys and girls eight to twelve years of age are out on the streets in the summer time until ten o'clock, and in the winter time until six and seven. This is all wrong. In the winter time children should be home, have their evening meal, and be in bed by six o'clock; in the summer time, by seven or eight o'clock. They should be taught from infancy to be dressed for bed, taken to the bedroom, put on the bed, and left there to go to sleep. They should be educated to go to sleep with nursing.

Babies under two or three years of age should sleep as much as possible—all night and half the day. When children are old enough to go to school, they should have an hour's sleep some time in the middle of the day. When they are not in school, they should have an hour in the forenoon and an hour in the afternoon. Many mothers declare that their children will not sleep; they are put on the bed for a nap in the middle of the day, and they will not sleep. Why? Because they have not been brought up properly. When necessary, the mother should lie down by the side of the child, and then request it to keep perfectly quiet, because she, the mother, wishes to sleep. If the child can be kept perfectly quiet for five minutes, it will be asleep. This is a peculiarity of children, and the reason they will not sleep through the middle of the day is because their minds are so active, and they are prompted to move about so much that they cannot sleep.

Sick children should be perfectly quiet, so that they may sleep all the time they are sick. There is nothing so healing as sleep. The house must be quiet enough for a sick child to sleep.

Many children have indigestion and are half sick all the time because they do not take enough rest. Such

children should be put to bed early, taken up late, and taught to sleep a little while in the forenoon, and at least an hour in the afternoon. Nothing should be given to procure sleep.

Children that are restless are not in need of drugs. They need to have their food taken away from them until their nervousness has subsided.

Mothers should sleep half an hour in the afternoon every day. They need it, and they will be the better mothers for doing so. If a mother persists in wearing herself out, and refuses to take the necessary rest, she becomes more or less nervous—sometimes irritable. This is reflected in the children, and often the happiness of the family is ruined simply because the mother will not lie down and take a little rest each day.

Chapter V

CHILDREN'S DISEASES AND THEIR TREATMENT

F A LAYMAN should start out to find people to agree with him about a diet scheme that would restrict the amount eaten, and insist on proper combinations, he would soon learn that there is very little public sympathy for people with dietetic delusions.

I have proved to many unbiased readers of my writings, many times over, that germs are a legitimate part of decomposition, but not necessarily a cause; for, according to medical belief and teaching, every community is full of *healthy germ-carriers,* and if germs were always virile—toxic—they would kill the carriers. This being true, we must look for other causes of disease. And until we do find the true cause, sickness, pain, and death will continue to surprise us by cutting us, and our friends, down when we are least expecting it.

Why should a child in apparently good health be stricken down with a severe sickness? It will not do to say that germs did it; for the child lives in an atmosphere filled with germs; it lives on soil permeated by germs; its body is full of germs, and it is said that it could not live for any length of time in a germ-proof state. This being true, I invite mothers to help me discover just what prostrates their children with severe diseases when they are least expecting such trouble.

No child is taken very ill without warning, except when poisoned. A sudden prostration without premoni-

tions—without several days of small ailments and complaints—should be treated as a poisoning. It may be ptomaine or other poison. The stomach and bowels should be cleared out thoroughly, and positively no food, liquid or solid, should be given until the symptoms are all gone and the child is feeling well. If the symptoms point to an unusual sickness, it would be well to call a physician.

The information most needed by mothers is a knowledge that will enable them to interpret signs of sickness and know how to meet them.

Until mothers prove that I am mistaken, I would advise them to keep sugar out of the children's breakfast foods. Why? Because sugar and starch, in combination —as in oatmeal and in other breakfast foods—ferment, causing an acid stomach; and an acid state of the stomach, built daily for a while, causes bad breath, catarrh, adenoids, tonsilitis, enlargement of the tonsils, besides other derangements. The cooked food should be eaten with milk, one-third cream. Give oatmeal well cooked with milk, one-third cream, and nothing more; or Cream of Wheat, or whole wheat, or any other cooked cereal. But do not give bread and butter, toasted bread and butter, jelly, or cooked or raw fruit, with the breakfast foods. Why? Because such mixing favors fermentation, and fermentation is at the bottom of all diseases. Modern medical science says that germs cause fermentation. I say that we get most of our digestive fermentation by overeating and by combining foods in a way to invite it. Food that does not digest (physiologically ferment) must take on pathological fermentation. And I ask all mothers to allow me to prove it to them; not in order to satisfy the disputants in this controversy, but to give the people—at least the young and growing people—the benefit of the truth. If I am right, and the people will join me, I will

put a stop to all the so-called contagious diseases, and put vaccination out of business.

Do not feed more than one kind of food for breakfast. I mean, of course, when the breakfast is to be starch—a cereal of some kind. Why? Because variety leads to overtaxation of digestion, in inducing the child, young adult, or even grown folk, to eat too much. No one will overeat on one kind of food. By "one food" I do not mean a monodiet, in the sense of being confined to one food for every meal and for every day in the year; I mean one kind of food for breakfast, and a different variety of that particular kind for each breakfast, if desired.

Mothers should have a gauge by which to judge if a child, or an adolescent daughter, has had enough to eat. My plan solves this question and leaves no doubt. Allow all at the table, from children to grown people, to eat all desired of the food as I recommend it. If there is a member of the family, young or old, who has no relish for the porridge, or any other food that I shall recommend for breakfast, that member of the family should fast until a relish comes for a simple breakfast.

No member of the family should come to the table when not feeling perfectly well—feeling just as well as desired—no matter if he has a desire to eat.

One of the best signs of chronic irritation of the stomach is a desire to eat when feeling bad and a desire to eat all the time. These signs are worth much to him who would live out his time and retain health and efficiency. To make this criterion of any value, however, the one who has such a desire must make it a rule of life never to gratify it. Use the mind, and learn to eat enough.

Mothers must watch their children, and, when there are signs of nervousness, manifested by restlessness at night, grinding of teeth, wetting of the bed, crossness, irritability, flushed face, headache, sore throat, bad breath,

constipation, pain, or discomfort, they must begin at once to correct the symptoms.

BAD BREATH AND CONSTIPATION

If the child has a bad breath that does not come from neglected teeth, the bowels must be looked after. The child (and when I say "child" I mean all who are of school age, and, for that matter, college students) should be taught early to keep the mouth clean; also the importance of keeping regular bowels. Water should be taken before breakfast, lunch, and dinner—a glassful of fresh, cold water. If there is constipation, as much water as possible should be taken. When necessary, an enema of two quarts of warm water and a tablespoonful of salt should be given. Avoid enemas when possible, for they build obstinate constipation; but for temporary relief and emergencies it is necessary to use them.

When the breath is bad, and cleaning the mouth night and morning does not remove it, the child should be put on a fruit diet. Give all the fruit desired morning, noon, and night, but no other food until the bad breath is gone. Cooked prunes may be used at the noon meal, if desired; they have a tendency to move the bowels.

Raw fruit constipating.—No doubt most of my readers know that I contend that raw fruit and raw vegetables are constipating. This is true; that is, the tendency of these foods is to emphasize sluggishness of the bowels. Then a pertinent question would be: If fruit is constipating, why put a constipated child on a fruit diet? Because constipation, as a rule, is due to sluggish organic functioning, and this state is brought on in child or adult by overeating. As soon as the bad habit of overeating is corrected by a complete fast, or a fruit diet, organic functioning is resumed; consequently a large quantity of bile is poured into the intestines, resulting in the cleaning-out

of the bowels. To the casual observer the fruit appears to have caused the bowels to move. It is pretty generally believed that fruit is laxative and, as a consequence, not a fit food for those troubled with diarrhea; but exactly the opposite is true. However, if under such circumstances starch and fruit are eaten, the diarrhea will grow worse, and people will believe fruit must be given up; but the truth probably is that the starch is the real cause of the diarrhea. If the starch should be proscribed, and the patient given fruit three times a day, the disease would be controlled.

When the child has lost its bad breath, and the constipation is overcome, it may be given the regulation breakfasts, a fruit lunch, and a full dinner in the evening.

NERVOUSNESS

When a child is nervous—easily irritated and hard to please—it should be kept in bed and given frequent drinks of water, but no food for the first twenty-four hours. The bowels should be moved, if necessary, by enema. If better, fruit may be given the second day, and every day thereafter until perfectly well. It is a foolish mistake that mothers make—allowing children to go to school when they are not in first-class health in every way.

GRINDING THE TEETH

When children grind their teeth and cry out in the night, it is an indication of indigestion. It is also a sign of eating between meals. The bowels must be looked after, and, if there is constipation, an enema may be used. Stop the eating between meals. And, until much better, the eating should be as follows: fruit for the three meals the first day; then, if better, the eating for a week, or until perfectly well, should be fruit for breakfast, and toasted whole-wheat bread and butter for lunch. After eating all

the toasted bread and butter desired, sip slowly a glass of scalded milk. The evening meal should be the same as the noon meal.

ENURESIS

Wetting the bed is an indication of nerve derangement. It is usually brought on from digestive disturbances. Children troubled in this way are often very hearty eaters, eating too much at meal time and eating between meals. A fruit fast for two or three days, with rest in bed, will give such cases a good start. If such children have been allowed tea, coffee, chocolate, or cocoa, these beverages are to be given up. Eating between meals must stop. Breakfast should be the dry breakfast foods—flakes, puffed rice or wheat—or toasted whole-wheat bread. Butter may be used on these foods, but they are to be eaten dry, with positively no milk or cream, or fluid of any kind. Every morsel is to be thoroughly masticated, and, after the child has eaten all it desires, it may sip slowly a glass of milk. A fruit meal is to be given at noon, and the morning meal may be repeated for the evening meal.

Parents may feel sorry to see their children deprived of the usual variety, but they are wasting their sympathy; for it is equivalent to wishing a continuation of disease.

When parents are intelligent enough to know their duty to their children, they will not feel sorry for them because they are not eating in a way to make them sick.

COLDS

The ordinary cold is disagreeable while it lasts, but it is not considered serious. However, it should not be forgotten that many severe and fatal illnesses begin with symptoms of a cold.

It would be well to understand the nature of the slight disease known as cold, or the catching-cold habit; for when

the nature of a disease is known, a rational treatment becomes obvious to every intelligent mind, be it lay or professional. To enable my readers to have a true conception of what a rational treatment must be, they should first know about the cause.

Germs cover the entire field of causation, so far as modern medical science is concerned. Where a germ has not been found to account for a given disease, one is assumed to exist, and a treatment is based on this hypothesis.

I do not believe in the germ theory, because it leaves man in such a helpless plight. Suppose this dear old world of ours were suddenly bereft of bacteriologists and physicians! We should be left hapless and helpless victims of germs, with no knowledge of how to avoid disease and death. With this thought in mind, even a fool might ask: "How did the human race survive the stupidity and ignorance of all the past ages up to Louis Pasteur?"

For the sake of argument, let us accept the present medical belief that all diseases are caused by germs. What prevents sporadic cases of disease from kindling endemics? And why do not endemics create epidemics? And epidemics create pandemics? Why is it that in families of children one or two may have diphtheria, scarlet fever, or typhoid fever, and no other member of the family takes the disease? The answer may be that as soon as the disease breaks out those who are not sick are rendered immune. But I must meet this statement with the very stubborn fact that this was true before the alleged discovery of immunization; and it is as true of scarlet fever today as in all past time. It must not be forgotten that the germ of scarlet fever has not yet been discovered; hence its cure and prevention are still in the maze of obscurity. But, in spite of this fact, scarlet fever has declined as rapidly, if not more rapidly, than diphtheria,

which disease has been *almost entirely wiped out by the great discoveries in the line of immunization.*

Germs, and the immunization based on the germ theory, will continue to satisfy the bulk of mankind until the medical profession changes its style of treating disease in this particular way; or, if the present theory and practice is an insanity, then until this phase of mania changes into another.

If the germ theory is true, then it is true that chaos reigns, and this world and the inhabitants thereof are here by accident, and not by law and order; it is true that phenomenon or chance reigns, not the noumenon, or the personality of substance.

Away with such atheism! For there is nothing in the universe that has not, in an active or passive state, properties that distinguish it from other things and from nothing. This is the soul of things, and things are built in its image. It is said that man is built in the image of his maker, and he is. The maker of man, of animal, of plant, of crystal, of water, is the life-principle. The sum of all *must be God;* for it is everywhere, and is the building or evolving power of the universe.

Building is subjected to laws that are fixed and eternal. What does that mean? It means that law always operates the same under a given, or fixed, environment; but change the environment, and the law's operations are different. For example: When health is at a certain standard, the influence of all germs is innocent; break down the health—reduce the nerve energy—and innocent germs become toxic and are then said to produce disease. But reason declares that the original cause is still operating, and to effect a cure means the restoration of lost resistance, not the killing of germs; for germs are omnipresent, and the only way of preventing their metamorphosis into a toxic state is to keep their habitat

free from decomposition—keep the human body sweet and clean—which means full health. When this is done, the body is immune; which means that the body is not manufacturing toxins with which to intoxicate germs. How can a germ be toxic at one time and not at another? What is the toxicity? An alkaloid?

When elements are brought together—purposely or not—the output depends on the number and kinds of elements, and the environment. A bean planted in the earth, and given warmth and moisture, produces a large stalk and many beans. If planted in an animal's stomach, it becomes food out of which tissue and life are built. If placed in an environment unfavorable to life, its albumin is converted into toxins.

Water heated above a given temperature is converted into steam, which, if confined, may be used as power. If harnessed properly, it will move a large train. The same water taken into an animal's body gives life and power, and helps build flesh.

If man has life, health, and activity, he conforms, knowingly or unknowingly, to the laws of his nature and the laws of his environment. And it is not reasonable to believe that law's requirements will either be many or complicated; nor that they will need interpretation by a laboratory expert—by a man drilled in microscopical, physiological, and chemical science—to prevent man's extinction, or before the human race can ward off disease and enjoy health and life. Man is not the only animal that must adjust himself to law's requirements. Even the earthworm must go down, or go up, in answer to the demands of its nature. And it should be known, if it is possible to get the mind of man to grasp it, that nearly all the sorrow, pain, and premature death he suffers are of his own building.

One truth has been discovered, even though it is not thought of often and seldom acted upon; namely: Man

and animal in their natural state are healthy. Disease is a development of civilization—of domestication. It is produced by housing, clothing, and overeating. Hence, the science of health necessary is to understand in what way this artificial life militates against health—in what way it differs from nature—and then to make the necessary adjustments.

On account of retained excretions, and decomposition of imperfectly digested food, bad odors are sent out, which attract scavengers of all kinds—germs of all kinds as well as parasites. By living in such a manner as to convert the body into a habitat for parasites—convert the mouth, throat, stomach, intestines, lungs, or liver into an artificial home for germs and worms—proof positive is furnished that the body-defenders are broken down; and, until life is righted and full nerve energy restored, a cure cannot be said to have taken place.

Who have tapeworm, hookworm, and other intestinal parasites? Only those whose secretions have lost their defensive potency. To cure, then, means more than getting rid of the germ or worm; for that only brings the body back to where it was before infestation took place. Of course, if those who are cured (?) can be built up, and their normal resistance restored, before infestation takes place again, health will be permanent.

Just the type of disease that will manifest must depend upon the elements combining, a few of which we will name: the mind; the fluids of the body; the food intake—its combinations, preparation, and amount; and, neither last nor least, inoculations and environments. It may be safely asserted that the wisest physician cannot know all the elements combining to cause any disease; but he must know enough, the removal of which will break up the combination; after which elimination of the disorganized elements will take place.

So much for germs, and so much for the real cause of disease. It is necessary that I explain my position on the germ subject every little while; and, in writing on children's diseases, I need to remind my readers, so that they may not confuse my beliefs with those prevalent.

Catching cold.—Catching cold means that children are clothed or housed too warmly, or that they are overfed and constipated.

A simple cold results from lowered resistance. The skin function is reduced. And as the mucous membrane, wherever found, is really the lining skin—the skin within—it may be said, when we have a cold, that the skin of the entire body, inside and out, fails to function properly, due to lowered bodily resistance.

The surface of the body is made to suffer too much from heat by overclothing, hot houses, and overheating food. Cold is a disease coming from too much heat. It is a fact, easily demonstrated, that men suffer more from catarrh than women. Why? Because the average man dresses more warmly than women. I have had husbands appeal to me to use my influence in inducing their wives to wear more clothes. My reply has usually been: "You have an annoying catarrh and the catching-cold habit, I see." "Yes, and I would save my wife from cultivating the same disease, or a worse one." "Did you cultivate yours by wearing low neck and short sleeves?" This question always compels the lords and masters of some women to look down their noses into space. They had not thought of that. No, the rule is that we never think of any subject except from our little narrow point of view.

Everybody wears too many clothes. And men sin against the Adamic fashion more than women. If they were in the house as much as women, they would suffer more than they do now. Office men suffer most; men in the open air suffer least.

Children should be kept out doors.—As I have stated before, many children appear to be born with a cold. This is due to their mothers' overeating, overclothing, and oxygen starvation. Excessive clothing and improperly kept houses, with overfeeding, will make invalids of all children cared for in this way—all that are not killed in infancy.

We are told by present-day medical science that colds are caused by germs, and that there is a special germ causing influenza. Those who prefer to believe this fallacy may do so; but the right idea of cause points to a rational cure. If a specific germ causes cold, and other germs cause influenza, tonsilitis, and quinsy, all the cure required would be to sterilize the patient and make his environment sterile by the use of germicides. The latter processes are not believed to be effectual by those who prescribe them, and the former prepare the patient for the undertaker who performs the last sad rites.

Under this modern cure, colds spring up, flourish, and lead off into catarrh or other diseases. A percentage get well—that is, the symptoms subside until another attack. The catching-cold habit must be broken up, by raising the health standard; and doping with live or dead germs will not do it.

When the atmospheric conditions further enervate those already enervated from bad personal habits, an ordinary cold is liable to take on a type that is named influenza, pink-eye, la grippe, epizootic, etc. What is the meaning of colds being featured in these various styles? Weather conditions are such as to depress or enervate; this favors fermentation or the generation of pathological ferments (germs, if you please). What, under normal conditions, would be an ordinary cold takes on a septic state. Pneumonia becomes typhoid-pneumonia; la grippe evolves a septic state of the blood; and the mortality from

these diseases is very high—usually large among the naturally enfeebled.

Teach children to keep their mouths and teeth clean; and, whether they are taught to pray or not, if mothers would fit their children for Heaven, they should teach them the most important knowledge for a human being to possess; namely, keep the bowels regular.

The most vulgar habit that is common to the human race, and becoming more universal all the time, is constipation; and it is started from neglect in childhood. Parents and teachers are to blame. If parents and teachers would teach children the great necessity of regular bowels—and not only teach the need, but force, if necessary, the daily practice of the habit—we should soon count appendicitis, ovaritis, and tuberculosis among the diseases of the past. So important are daily movements from the bowels that I for one would vote for parents, guardians, and teachers to change the customary question of asking children if they have said their prayers, to asking if their bowels have moved. Possibly, if this thought is kept before the child's mind until the end of school life, it may remember it after that time.

Do not give drugs. Teach the child to drink a glass of cold water before each meal and at the end of meal time, and to go to stool at a regular time each day. The only reason why the bowels are constipated or irregular is because of neglect. If my suggestions were adopted, constipation would go in one generation. Drugs for moving the bowels, next to neglect of the bowels, are the greatest detriment to health of any habits practiced by mankind.

Do not allow the child to get overheated; keep the bowels regular; and colds will not be very common.

It should be known that eating too many sweets, and eating between meals, build the catching-cold habit.

Children having access to a warm bathroom should be taught the habit of taking a cold sponge-bath. Rubbing

the body after the bath should be attended to, and its importance taught to children. Hot water should not be used, except when necessary for cleanliness.

Bedrooms should be clean; closets should be clean, free from junk, and well aired; beds should be clean. Look out for trouble if pillows and mattresses are old and full of secretions. It is better to make them with fresh straw four times a year than to sleep on a fine mattress worked overtime. Bedrooms should be well ventilated, but have no drafts.

Babies should be allowed to remain nude several hours daily. They must be inured to the cold sponge-bath and lots of dry towel- or hand-rubbing to the entire surface of their bodies. When the sun is not too hot, children should be allowed to play in it, or in a room with a glass roof and sides. Indeed, the playroom for winter should be on this order. The nude habit should be practiced throughout life. Mothers and fathers need it.

To cure or get rid of a cold.—Stop the child's eating, and clear out the bowels. Have it drink all the water possible. It should drink often—every half-hour or hour. An enema of quite warm water and a little salt should be used—a tablespoonful to a quart of water. Always use all the enema that can be endured. When possible, the child should stay out of doors all day. If the child is very young, the mother or nurse should take it into the open air in the daytime, and allow it to sleep in a cool, well-ventilated bedroom.

If the cold is not gone the second day, go through the same routine, except that a little fruit may be given morning, noon, and night. Follow this program until all symptoms of cold are gone. No bath is to be given unless the patient is too sick to be up; then a hot bath should be given following an enema. The bath water should be as hot as can be borne without discomfort, and the duration of the bath long enough to relax the patient and bring

comfort. As soon as the patient is able to be up and out, long walks in the open air should be indulged in, and dry towel-rubbings to the entire surface of the body should be taken on going to bed and on getting up.

This is a quick way to get over a cold. If, instead, staying in the house, toasting the feet, and eating three or more times each day are indulged in, and the bowels are neglected, inflammation or fever, or both, may develop.

COUGHS

Simple coughs are built by feeding a cold. A pneumonia may be built by eating under such circumstances. When a cough without lung symptoms develops with a cold, it means irritation of the stomach. It will go away after the bowels are moved and food has been withheld for twenty-four hours—at the most, within forty-eight hours. If, however, the cough persists after the bowels are cleared out, and no food has been taken for two days, then the lungs should be carefully examined to see if there is a slight pneumonia or pleurisy. If there are no symptoms of either disease, then the heart should be examined; or there may be a tonsilar inflammation, or an elongation of the uvula, or possibly an obscure trouble in the ear, nose, teeth, or at the base of the brain. Do not look farther than the stomach, so long as eating is persisted in and drugs are taken.

Common Cough (Winter Cough).—There is a common cough, peculiar to winter, which has been the cause of building many colossal fortunes for patent-medicine men, and has furnished steak and office rent for doctors when these necessities would have otherwise shied them.

The winter cough that respects no age; that invades the school, especially on days when the wind is cold; that disturbs the attendants at church, lecture, and theater, comes from an irritable state of the mucous membrane of

the throat, due to an habitually acid state of the stomach brought on by indigestion—not an indigestion that distresses the stomach or bowels. The victim of this cough may look well, and present no symptoms further than a cough. Such coughs are made worse by exercise. Boys and girls, after playing hard, may be thrown into a paroxysm of coughing that will be very distressing. Grown people will be equally distressed if they do anything that forces breathing. Men increase this cough by smoking or chewing tobacco. The reason that this cough is more prevalent in winter is because cold air aggravates it. Mouth-breathers suffer most.

Children should be looked after carefully, and their bowels regulated. If constipated, give them such treatment as has been recommended in previous chapters on the "Care of Children." There must be a stop put to the eating of yeast bread, cakes, pies, and candies. Until the cough is under control, it would be well to give the boy or girl what fresh fruit may be taken with a relish for breakfast; a vegetable soup, without bread, toast, or crackers, for lunch; and fruit again for dinner. Repeat this diet until the cough is gone; then bread or toasted biscuit with butter, followed with a glass of milk, for breakfast; fruit for lunch; and a simple dinner of meat or broth and vegetables, or whole-wheat bread and milk.

Bread and butter must not be eaten with syrup, jelly, fruit butters, or preserves.

Fruits cured or prepared in sugar, if eaten at all, should be eaten at the fruit meal, but not with starch. Mixing sugar, fruit, starch, and meat together, overeating, and eating between meals, is what builds winter cough.

Those who think that children will starve if they go without food for a day or two will not be likely to restore their children to health; but, instead, they will continue to palliate until the winter cough ends in tuberculosis; bed-wetting leads on to diabetes; gastric fevers are sup-

planted by ulceration of the stomach; constipation develops into colitis, appendicitis, ovaritis, and other diseases of the reproductive organs, and such auxiliary diseases as goiter and fibroid tumor.

CATARRH

As my readers know, I do not believe in single causes. All diseases have many causes, both of a physical and of a mental character. There is one disease of children, however, that comes as near having one cause as it is possible for any disease to have, and that is catarrh of infancy and childhood. I have seen infants who were apparently born with catarrh. Indeed, incumbered children—those weighing twice as much as they should when born—often develop catarrh within a few days after birth. No doubt their bodies present a favorable soil on which to grow colds. Apparently all that is necessary to start the catarrhal process is *the sweetened water* so often given by mothers or nurses. There appears to be a silly notion, which has become quite general, that babies require sugar in their water, and that later they must have salt, and other condiments, in their food. Because fathers and mothers have cultivated an abnormal desire for sugar, the various pickles, spices—in fact, all condiments and dressings—they think their children have no desire for food in its natural state, or when cooked and served in the simplest way. As a consequence of this false notion, the newborn babe is given sugar or sweetened water, because *it does not have a relish for water as presented by nature.* Consequently, as hinted above, sugar becomes almost, if not quite, the only cause of catarrh in babyhood; and catarrh becomes the soil on which all childhood diseases are grown. Sugar is a topical irritant to all mucous membranes.

It must not be forgotten, however, that too frequent feeding is also an original cause.

The doctor starts the endless chain of diseases of childhood by recommending and insisting on sweetening artificial foods, such as are fed to nursing babies, to imitate the mother's milk in sweetness. Perhaps, if mothers did not eat sugar or candy, or food dressed with sugar, their milk would not be sweeter than other animals' milk. It is true that the doctor recommends sugar of milk—an artificially prepared sugar from animals' milk—but, like all prepared sugars, it is injured as a food by the process of making, and, in reality, is no better than cane sugar; the only advantage being that it is not nearly so sweet.

Sugar invites—and, in fact, causes—fermentation. Fermentation causes irritation of the mucous membrane of the alimentary canal—the digestive tube from the lips to the anus. What is this irritation? Sugar is a chemical irritant; the fermentation caused by sugar is also an irritant. The latter, fermentation, acts as a poison, and, according to the law of self-preservation, the mucous membrane of the alimentary canal refuses to absorb it. The mucous glands pour out an extra amount of alkaline secretion to dilute and neutralize it. Where the sugar-feeding, and its consequent fermentation, are continuous, a chronic state of irritation of mucous membranes is developed which we call catarrh.

When children are old enough to take bread and mushes, sugar and milk are given in ever-increasing amounts, with ever-increasing irritation. The throat and nose are kept in a state of continuous irritability, and in time the tonsils become enlarged, and adenoids—mucous tumors—develop. The normal alkalinity of the blood is more or less lowered, and resistance to disease is likewise lowered. Catarrh may be said to prepare the way for all children's diseases.

The story of disease runs as follows: irritation, which is overstimulation; then follows enervation—checked elimination; then autotoxemia.

TUBERCULOSIS

The foundation for tuberculosis is laid in catarrh of childhood. It should be known that a perfectly constructed child—an anatomically or mechanically correctly formed child—will not develop tuberculosis.

The diseases which catarrh makes possible are those that there is a constitutional predisposition to take on when conditions are favorable.

Knowledge of human beings, as revealed by the test-tube, microscope, and blood tests, will do to dally with when time is worth nothing; but when life and death, or the important question of healthy children, are to be settled, a human being acquainted with the life and habits of other human beings would be more trustworthy.

Tuberculous subjects are built for tuberculosis, and only require enervating habits to break down resistance and start the disease. Those who develop stomach diseases are imperfectly built. This is true of all diseases. The apoplectic has a construction of the nervous system—of head, neck, and heart—that favors building this disease.

Wrong life—wrong eating and thinking—deranges nutrition; and while the constitutional derangement of all may be alike, each individual will develop a disease peculiarly in keeping with his anatomical construction.

Anatomical predisposition will not cause a given disease to develop. The individual construction only directs the specialization or localization of disease. The building of disease is left to influences that break down natural immunization and allow the development of autotoxemia —the constitutional derangement from which all the diseases known to nosology differentiate (specialize).

It is said that tuberculosis is inherited. What is heredity? The average opinion of heredity is crude indeed. It is generally thought that disease is a direct

transmission; that tuberculosis is transmitted from sire to son; that the germs of disease in the sire are passed over, at the time of conception, to the son. This is absurd, and makes of creation or creator a monstrous nemesis that delights in destruction; whereas just exactly the opposite is true. Creator or creation is a building-up process; the tendency is to perfection; and when the child is not an improvement on the parents, it is because the environment given the child is more obstructive to biological processes than the environment in which the parents were brought up.

A cause of disease that is not consistent with every other cause—for instance, the cause of growth and decay, of joy and despair, of love and hate, of calm and storm, of poverty and riches, of peace and war, etc.—is not a true cause, and a theory of cure based on such a cause must fail when disease has been pushed beyond the power of nature to throw off.

All false systems of cure gain their reputations for being possessed of curing power within that great, more-than-three-fourths territory in which nature cures in spite of the hindrances of illogical cures.

Most cures are in keeping with the old story: "Sally and I killed the bear."

One of the many famous remarks of the great mental emancipator, Robert G. Ingersoll, was that, if he had the making of disease and health, he would have made health catching. Indeed, health *is* catching. In spite of our worst habits—our greatest endeavors to break all health laws—the subtile powers of health and life are beating back disease and death influences every second of time.

Ingersoll's skepticism did not extend to medical subjects. He did not know that a belief in contagion was strictly in keeping with the theological absurdities that were subjected to his most caustic satire. In this he, like

most of us, was absurdly illogical—lacking in philosophical breadth of comprehension.

Too many specialists give no thought as to whether their specialty synthetically joins all others in making a consistent whole. To make myself understood, I will say that health, disease, ethics, morality, religion, physics, and all other departments of human knowledge, must join in a consistent whole. The same laws govern all, and every specialty must be consistent with every other specialty. If it is not, it must be reorganized and made to fit logically with the laws governing every other department of learning. So long as it does not, it is founded on fallacy and must fail.

For tuberculosis to be hereditary, in any other sense than is explained by the laws of physical construction, is absurd; for every birth, from a physiological standpoint, is a regeneration, and is held down only by the slower process of physical evolution.

Nature puts her eternal fiat against impure births by causing sterilization in those unfit to propagate. Frequently, among the submerged class, disease is developed after conception; and then, between disease, filth, and ignorance, children are born in keeping with such mental pictures as are presented by "Damaged Goods," and physicians who are deluded on the subject.

I take pleasure in disputing the charges of impurity made against creation by a deluded profession. I say that every conception is passed upon by the laws governing genesis, and is fit, or it would not take place. Disease and unfitness are caused after this date.

Every conception could be made a success, if nature's handiwork were not obstructed on every hand.

If those who have the vital energy to live one hundred and twenty years are cut off by bad habits at from sixty

to seventy-five years of age, how much chance for long life have those with much less vitality?

Function precedes structure, and it is structural constancy that holds us to heredity. Hence, to overcome hereditary influences, the body and mind must be made to function ideally—as nearly ideally as possible; and this in the course of a few generations will do away with imperfect physical structure and the consequent disease influence. Here is where mind controls physical construction.

When parents are physically predisposed to take on tuberculosis, before the disease can gain a foothold they must add to their predisposition habits that break down resistance and bring on autotoxemia; after which glandular infection takes place; then tubercular degeneration follows, with destruction of life.

Children inherit a physical predisposition to tuberculosis, and there is but one immunization; namely, avoid enervation and its consequence—autotoxemia. How is this to be done? Avoid overstimulation.

Children of tubercular parents should be taught the great importance of avoiding the parents' style of living. Those belonging to tubercular families should reverse all traits and characteristics—avoid the style of eating, thinking, and the usual care of the body—of their parents. Of course, it should be their endeavor to cultivate moderation in all things, so as to avoid bringing on enervation. The very best thing that can be done is to learn how to live in keeping with the system's requirements.

Every child is born with a certain amount of resistance, which the forces of development add to more or less, as habits permit. This is the golden opportunity of life to build a large resistance to counteract heredity. But what do we see? No attempt to cultivate good habits, but quite the reverse. These children are allowed to develop

vicious eating habits, which strike the first blow at the citadel of life.

From wrong food combinations, irregular eating, and gormandizing, children develop the diseases peculiar to childhood. The first to manifest is *enuresis nocturna*—involuntary emptying of the bladder during sleep. This is a symptom of wrong doing, the same as polyuria (excessive secretion of urine), and can be cured by correcting the feeding. When these diseases manifest, it is an indication of overworked organs, which, unless corrected, will lead to enervation, autotoxemia, and the development of the diseases peculiarly suited to the anatomical construction of the subjects.

The theory advanced by *modern medical science,* that germs are the cause of tuberculosis, favors the propagation of this as well as other diseases, because this theory does not recognize heredity, except in the absurd and impossible manner of transmission of disease.

The advocates of this theory recommended gormandizing for the purpose of keeping up the strength, and at the same time furnishing the germs with enough food to prevent their attacking the tissues of the body. This theory is so absurd that it is unworthy of this age; but, as it is the accepted theory, and is backed by medical men generally, the protests of rationalism, with its small following, can hardly be expected to receive much attention until public education demands better service from physicians. Then the profession will move in the line of expediency.

Parents must become convinced that disease is simply health impaired by breaking health laws, and that cures mean the correcting of the habits of life that bring on disease.

The cure of tuberculosis is prevention. When nutrition has become so impaired that this disease develops, the return of the organism to the normal, and the re-establishing of full resistance, are almost impossible. Why? Be-

cause of the iron grip with which habit holds the victims, and the paralyzing fear transmitted to the majority of tuberculous victims by medical men.

All children who inherit tendencies for taking on disease should be fed regularly and put to bed early. They should not be allowed to cultivate an abnormal emotional nature. Their eating and thinking must be guided into normal channels. If they are not overstimulated by improper eating, they will not develop sexual precocity, with its train of bad mental and physical habits, which are followed by numerous derangements.

Plain food at stated intervals should be habitual. Fancy dishes—custards, pies, puddings, candy, coffee, and tea—must be used as luxuries. Such food is disease-building when eaten often. Children inheriting a handicap should not have their appetite whetted for such food; for they very quickly form bad habits; and, if they escape their inheritance, it will be because they have been piloted away from the shoals—floundering places—where those of low vital force go down and out.

City life is conducive to the development of disease. This life for children is very unnatural. Schools should be in the country, and children cared for—given a home—at these schools. In no other way can plain eating and right thinking be taught. If race-suicide is to be avoided, our children must be reared in the country.

The average parent is a child-destroyer instead of a child-builder—a health-destroyer, not a health-builder. Imprudent, or unfit, eating causes children of tuberculous inheritance to develop, very early, enlarged tonsils, adenoids, and cervical glands, for which bug-spooked doctors recommend operations. The average surgeon is never happier than when practicing vandalism on the fair neck of some child or young lady—ignorantly believing, or knavishly pretending, that it is necessary. I am proving the falseness of this contention daily by causing these en-

largements to pass away by removing the cause of them; namely, wrong life.

Operations for removing symptoms are as illogical as giving drugs to stop pain, and ignoring, or not even knowing the cause.

These children should be fed and cared for about as follows: fruit for breakfast; one of the following starchy foods: oatmeal mush, whole-wheat bread, rice, potatoes, navy or butter beans, with cooked, non-starchy vegetables and a salad or slaw, for the noon meal (if dinner cannot be had at noon, then it may be eaten in the evening); and whole-wheat bread, toasted and buttered, followed by a glass of milk, for noon or night, depending on when dinner is eaten. Positively no feeding between meals.

Half the day should be spent in studying nature in the open—in the fields and over the hills.

Town life is too artificial. Children are underdeveloped and overdeveloped. Their appetite for fun is overdeveloped. Aping and consulting precedent is overdeveloped to the extent of inhibiting the growth of individuality and independent thought.

The conventions of city life tend to stereotype and force a mediocre type of manhood. The average child is sadly neglected in the line of developing in originality—developing in independent and original thought.

Wrong life, and the treatment usually given the diseases brought on by it, develop in many the sick habit. Treatment must be directed to correcting bad habits and overcoming the mental perversion. All the diseases of childhood are unnecessary and a disgrace to civilization. All are easy to cure when treated right.

REFLEX IRRITATION

Worms, eye-strain, indigestion, constipation, diarrhea, convulsions; in boys, *phymosis preputium* (constricted foreskin), and vaginal leucorrhea (whites) in girls.

worms

Intestinal worms cause symptoms similar to those of indigestion, if, indeed, the worms, when present, are not the result of indigestion; hence they become an ally to ordinary causes of indigestion, and help keep up much intestinal disturbance and reflex irritations.

The cause of worms is not clear to the medical understanding. I believe that the best class of medical minds believes that, when the human intestine becomes the host of worms or any class of parasites, it is due to a depraved, or debilitated, state of the digestive organs. This debility may be brought on from many causes. There may be spinal enervation; the digestive secretions may be subnormal in quantity or quality, from lack of nerve energy or from overstimulation; because of overeating or improper eating; the excessive consumption of sugar, candy, yeast bread, butter, jam, and nuts; not properly cleansed dried fruit; eating of food that has been exposed to flies and other insects; general lack of cleanliness; and too close association with dogs, cats, birds, and other animals.

There has been a decided improvement in housekeeping, as well as in sanitation, during the past fifty years; and, in the matter of intestinal worms, that disease has diminished equally with *pediculi* (head lice), as general cleanliness has improved.

The older medical profession thought that intestinal parasites came from spontaneous generation, but modern medical science does not admit that spontaneous generation can take place. Before the final word can be said on this subject, some understanding must be had as to the limit of metamorphosis. We must know positively whether the cell-life of multicellular beings metamorphoses into germ or parasitic life. This idea is reasonable, and appears to be proved by the fact that these entities do not develop except when life on the upper

plane has lost its innate immunizing power. The loss of this power is what we are referring to all the time as enervation, on which the theory of autotoxemia—the universal cause of all diseases—is predicated.

I do not care to go into a general description of the many parasites that have been found in the human intestine. Those who wish to know the history and description of them should go to their public library, where they can find all they wish to know in almost any work on general practice of medicine.

I do not even care to enumerate symptoms; for they are many and deceptive. I mean that a given sick person might complain of symptoms peculiar to tapeworm, yet have no worm.

Treatment.—The treatment for stomach and bowel derangements should be such as appears to meet the indications. At all times take care of the eating—eat within digestive capacity.

Nursing children are not liable to be troubled with worms. The derangements of babies can usually be corrected by cutting down the supply of food to the child's needs. Feed short of causing milk curds to form in the bowels. To do so means to reduce the intake of milk, and give all the water that the child can be persuaded to drink; then enforce quiet, and remove all physical irritations. Get the idea of doctoring or treating disease out of the mind; for there is never anything the matter with children except wrong care in feeding, and care of body and mind.

Signs of stomach irritation.—It matters not how healthy-looking a child is, if it has a white line around its mouth and running up the sides of the nose, it has irritation of the stomach (not necessarily from worms);* its

*This is an old sign for worms. Women—mothers and grandmothers—taking their date from the middle of the last century, are quite sure that the white line around the mouth, thick lips, and picking at the nose are sure signs of worms.

tongue will be red at the end from enlarged papillæ. In scarlet fever the end of the tongue is very red, and the papillæ are very large. This is called the "strawberry tongue" of scarlet fever. It is a symptom of irritation of the stomach.

Mothers who care for their children in such a way as to keep the signs of stomach irritation—the white line, exaggerated red cheeks, and more or less irritability of temper—need not be surprised at occasional attacks of gastritis, catarrh, pneumonia, and the contagious diseases. Many of these mothers will deny feeding between meals, and they will protest that they are careful about feeding and combining; yet convicting evidence is against them. I have known of a few who would not be careful until the unnecessary death of a child forced them to practice the dietetic and hygienic principles they so protestingly avouched.

Unfortunately there are very few people who do not practice lax methods in the care of themselves and their children.

EYE-STRAIN

Eye-strain is a much-talked-of derangement of school children. No doubt the eye—the most delicate and most used organ of the body—suffers greatly from reflex irritations, and in many subjects from autotoxemia. Unless normal alkalinity exists, nervous irritation of all kinds develops. Perhaps I would better say that when the intake of starch and proteid foods is greater than the system's metabolic (digestive) power, the acid developed reduces the normal alkalinity of the humors of the eye. This alters their density, and necessarily the refraction, after which the pain of adjustment (eye-strain) is experienced.

Treatment.—For eye-strain, children throughout the entire country are fitted with glasses. The prescription for every conceivable ailment of the nervous child is

glasses; *for the disease is eye-strain.* This is a fad, the same as operating for the removal of the tonsils for sore throat, and the removal of the appendix in every case of pain in the bowels.

Correct the child's habits of life. Stop its eating between meals. If the child is very nervous, send it to bed, and give fruit for one meal, a salad for another, and toasted bread (yeastless) and a glass of milk for the third meal. If rapid progress is desired, limit the food, and keep the child extra quiet by not allowing anyone to visit it or to be with it, except the mother or nurse.

A warm bath may be given every other night. Keep the child out of school until fully restored. When nervousness is controlled, and it is no longer necessary to keep the child in bed, its eating should be:

Breakfast: two mornings a week, oatmeal porridge and milk; two mornings a week, well-made biscuits, butter, honey, and a glass of milk; the biscuit should be made of half whole-wheat and half white flour; two mornings a week, cooked rice or puffed rice, butter, and follow with milk; Sunday morning, fruit, cooked or raw, followed with milk.

Lunches for Sunday: toasted bread and milk; or, if the family has dinner at noon, the bread and milk may be eaten at night for supper.

For lunches during the heat of summer: two lunches a week of sponge or plain cake, ice-cream, and a glass of milk; two lunches a week of fruit, cottage or cream cheese, and milk; the two remaining lunches of apple, custard, or berry pie, cheese, and milk; or fruit, cup custard, cottage cheese, and milk; or ginger bread, two or three ounces of caramels, chocolates, or cream candy, followed with wilk.

Dinners: baked or broiled fish twice a week; two cooked, non-starchy vegetables, and a salad of lettuce, tomatoes, and cucumbers in summer, and celery in place

of tomatoes in winter; dress with salt, olive oil, and lemon juice; in the summer, a dish of berries for dessert.

To prevent building of the autotoxemic state that brought on eye-strain, avoid having more than one of the following items in one day: eggs, meat, cheese, nuts, fish, baked beans, and potatoes. Indeed, animal food given every other day is as often as children should eat it. The alternate days, for dinner, baked potatoes, baked beans, macaroni and cheese, or corn bread, with combination salad, one or two cooked, non-starchy vegetables. Or the three meals may be selected as follows: oatmeal and milk for breakfast; ice-cream, berries, and milk for lunch; a combination salad with a hard-boiled egg (or, in place of the egg, add twenty to thirty half-meats of the pecan, or twelve to fifteen walnut half-meats), two cooked, non-starchy vegetables, and a dish of berries as dessert, for dinner.

It should not be forgotten that the animal and vegetable albuminoid foods, when eaten beyond the digestive and assimilative powers of the body, cause enervation and autotoxemia. As a result, any disease for which there is a natural tendency may develop.

Catarrhal conjunctivitis is the most common inflammatory disease of the eye. It is, strictly speaking, acute catarrhal inflammation of the lining membrane of the eyelids and external covering of the eyeball.

The catarrhal habit will be peculiar to all children who have conjunctivitis. And what is the catarrhal habit? A sensitive state of the mucous membrane, caused by sugar-eating and the acid of fermentation from too much starch-eating. The normal secretion of the mucous membrane is alkaline. When the alkalinity is reduced because of absorption of the acid of fermentation, the self-protecting power of the membrane is lost. Then it is that cold air, dust, or any foreign particles floating in the air, cause irritation of the mucous membrane of

the eye, nose, throat, and lungs; then it is that fruits that are sharply acid, or bolted foods, irritate the mucous membrane of the stomach and bowels; then it is that eating improperly combined foods, overeating, eating too many sweets, and constipation, cause indigestion (fermentation), and absorption of the acid, which further reduces the normal alkalinity of the fluids of the body, and favors inflammatory diseases.

When the secretions are pronouncedly acid, they cause so much irritation of the mucous membrane that a mucorrhea develops, which corresponds in purpose with all fluxes. Colds, with heavy discharge from the nose, are a type of mucorrhea. To overcome the acidity, the blood in the capillary blood-vessels of the surface of the body is rushed to the mucous membrane, and the serum of the blood is thrown out. This serum, being alkaline, neutralizes the acid secretions, preventing their absorption, and in this way relieves the congestion and inflammation. Where this process is extremely active, there is a great pouring-out of what is called the serum of the blood. This effort on the part of nature is palliative. When doctors give alkaline drugs, they palliate. But to cure means the removal of cause, which is to correct the eating, and give enough rest to quiet down the general as well as the local nervous irritations.

INDIGESTION

Indigestion may be the result of reflex irritation brought on by the excitement of noise, heat, glare of a bright sun, lack of rest, not enough sleep, and the effects of fear, or any influence affecting the emotional nature.

Treatment.—Feeding has not much to do with it. Correct the irritation, whatever it is, and the child will soon be well.

CONSTIPATION

Sluggish and constipated bowels are often a symptom of nervous irritation, the same as indigestion.

Treatment.—Find the cause, and remove it.

DIARRHEA

A running-off of the bowels is often caused by fear. Children should not be told scary stories, left in a dark room for a bugger-man to catch, etc., etc.

Treatment.—Stop frightening the child, and overcome all fear in its nature.

CONVULSIONS

Fits have been brought on by fear, injury, phymosis, constipation, and many other causes.

Treatment.—Correct the causes of fear. Phymosis must be overcome by dilation or operation.

PHYMOSIS

Tight prepuce must be gradually dilated, and, if the foreskin adheres, it must be pulled, pushed with the fingers, or peeled off by a probe, small sound, or grooved director. The operation hurts a little, but nothing should be used to deaden sensation. It is not necessary to try to overcome the trouble at one treatment. If necessary, manipulate carefully for a dozen times, making a little progress each time. Extreme cleanliness of hands, and whatever instrument is being used, is imperative.

VAGINITIS AND VULVITIS

Inflammation of the vagina and vulva comes from acidity, the result of sugar- and candy-eating. Cakes, cookies, preserves, and jelly-eating with bread, also pastry-, custard-, and pudding-eating, create intestinal fermentation. The acid absorbed reduces the systemic alkalinity, which changes the alkaline secretions of mucous

membranes to acid. In children where this condition has been developed and running over a considerable length of time, ulceration takes place in both boys and girls. The discharge from the vagina in girls, and the discharge from underneath the foreskin in boys, often becomes purulent.

Treatment.—Cleanliness and the elimination of sweets of all kinds will soon cure these cases.

The eating must be corrected, and a weak alkaline douche should be given with a fountain syringe, using the smallest rectal tube, or a small catheter attached to the rectal tube. The douche should be a heaping teaspoonful of baking-soda to one quart of water.

CATARRHAL CONJUNCTIVITIS

The inflammation of the lining membrane of the eyelids and globe of the eye is known as "catarrhal conjunctivitis." No child will have this disease unless it has catarrh—unless it is enervated and autotoxemic.

Symptoms.—The first symptom is a sensation of dryness and smarting, as if a foreign body had got into the eye. Swelling follows, and soon an abundant secretion of water; then mucus, and lastly muco-pus, is established. Where the patients are fed and medicated, the suffering is great and the disease prolonged.

Treatment.—The treatment should be perfect cleanliness. The eye should be bathed in hot water for several minutes at a time; then follow immediately with cold water and salt—a teaspoonful of salt to the pint of cold water. Keep the child quiet and without food until the acute inflammation subsides; then allow fruit and combination salad until the eyes are well. The child should then eat as recommended for those recovering from eye-strain.

Chronic conjunctivitis is hard to cure, and should be treated by skilled oculists. If, however, the patient is put on a rigid diet and properly cared for, a six to twelve months' *regular requirement* for a cure may be cut down to sixty or ninety days.

Drug treatment is very unsatisfactory, and there is no more need of a resort to such treatment in this disease than there is in any other.

Gentle rubbing of the granular membrane of the eyelids with a glass rod made for the purpose is the only local treatment necessary, except frequent bathing with warm water. A fast of sufficient duration to rid the intestine of decomposition should be taken; then the eating should be very light until well: fruit for one meal, salad for another, and toasted bread and milk for another.

GASTRIC FEVER

Irritation and inflammation of the stomach are brought on by frequent eating, overeating, and imprudent eating.

A gastric fever starts with vomiting of undigested food. The tongue is red and the breath pungent—sometimes called the "ether breath."

Treatment.—Begin treatment by washing out the bowels with enemas; no food, not even water, until the nausea is gone. When there is an epidemic influence, gastric fever precedes tonsilitis, diphtheria, scarlet fever, typhoid fever, measles, and other diseases; showing the oneness of all diseases.

A simple gastric fever ends in two or three days; a tonsilitis, in a week; a diphtheria or scarlet fever requires weeks, depending upon the amount of septic poisoning developed from maltreatment, medical and nursing. Gastric fever plus septic poisoning spells diphtheria or scarlet fever. The last two diseases are one and the same, except

that the scarlet fever has a skin complication that diphtheria does not have.

These diseases follow epidemic influences made specific by festival days and habitual gastric abuse.

ENERVATION

Enervation in children may be assumed to exist if the breath has a slightly pungent odor, or an odor of ether—either indicates irritation of the stomach. A slightly septic breath, or a putrescent breath, indicates decomposition in the stomach, sore throat, perhaps tonsilitis or quinsy, and maybe diphtheria. If the breath is odorous every morning, but the odor leaves after breakfast, not to be detected until morning again, it is a sign of irritation of the stomach due to too frequent eating, candy-eating, and wrong food combinations practiced until the child is enervated and has lost its power of resistance.

When the breath is bad and the child is irritable, hard to please, and possessed of a capricious appetite, it should be sent to bed, and kept in bed until all the abnormal symptoms are gone. If the bowels do not move well—if there is constipation—enemas of warm water should be given, daily, *often enough to secure a thorough movement.* If the bowels move without assistance, then the enemas need not be used.

No food should be given. It matters not what the disease is—positively no food should be given when a child is sick. When children are sent to bed for being cross and irritable, they may have an orangeade or a lemonade. The orange is to be prepared without sugar; the lemon drink may be made with a teaspoonful of sugar to the half-lemon.

Children will not be sick without a cause; and the cause, ninety-nine times out of a hundred, is based on overeating, or errors in diet. It is true that children

often play too hard, and become overwrought emotionally. Many are made nervous through fear. The old ignorance of teaching children to fear the dark, the bogy-man, the devil, etc., caused much unnecessary sickness.

Fear and excitement bring on enervation, cause nervousness, and weaken the digestive function. Parents should be wise enough to adjust the child's eating to the varying demands.

A tired child—one so tired that it is irritable—should not be fed until rested. A perfectly healthy child, when tired—very tired—will sleep; it will sleep standing, if it cannot lie down; it will sleep sitting; it will sleep with bread and butter, or other food, in its hands, and even while eating; showing that nature places sleep before eating. The child that cries with pain in its legs, and is so nervous when tired—after a day of excitement and play—that it cannot sleep, and, when it does sleep, moans, tosses, and kicks the covering off, has indigestion, and is troubled daily with stomach acidity and more or less constipation. The acid state causes the rheumatism which is erroneously called growing pains. The acidity comes from fermentation of food in the stomach. The gas that is subconsciously being eructated from a stomach that is forced to take on more food than it can digest, or food that is improperly prepared, or improperly combined, will, in time, create chronic irritation of the throat. This irritableness of the throat furnishes a splendid *culture medium* for all sorts of germs. Children with such a throat development are susceptible to the catching of colds; they develop tonsilitis often; indeed, they develop chronic tonsilitis with enlargement. These are the children who develop adenoids and mouth-breathing, and later inflammatory rheumatism, tuberculosis, etc.

When children develop along these lines to a marked degree, they are said to be catarrhal, and formerly were said to be scrofulous. Today, when the glands of the

neck are enlarged, doctors diagnose the lymphatic enlargement as tuberculosis—tubercular glands—and commonly recommend their removal with the knife.

A COMMON DYSCRASIA

The description given above should be recognized as a common dyscrasia, admitting the grafting, so to speak, of any and all diseases. There is a general belief in predisposition to take on diseases. This should be understood as meaning peculiarities of anatomical construction and habit-transmission.

Once for all it should be understood that disease is not transmitted—inherited. Only, there is a tendency to take on certain diseases when resistance—natural immunization—is broken down by the establishment of the dyscrasia hereinbefore described.

I do not wish my readers to use the commonly understood meaning of the word "dyscrasia," but to think of the meaning I give; namely, a general derangement such as I have described above, and such as the word "enervation" describes. It means lost power to stay well. Children may be in this state, and pass as in ordinary health, and excite no special notice from mother, teacher, or even doctor, unless the latter happens to be school inspector; then he may find adenoids, enlarged tonsils, or eye-strain; all of which will mean surgical operations and eyeglasses. Most medical men of this class will see nothing behind the adenoids, enlarged tonsils, and eye derangements. Each of these diseases will be treated as a cause, and when the doctor succeeds in having it removed, he congratulates the parents on the cure of their children.

ENLARGED TONSILS

These doctors and their teachers promulgate the doctrine that enlarged tonsils are open doors for the passage of germs into the system; that this is the way the germs

of rheumatism enter the blood! The real facts are that the enlarged tonsil is a veritable fortification, built to prevent absorption of the gases which, as stated before, are eructating and keeping the throat irritable. All indurations are for the prevention of absorption, or to protect against chafing or rubbing.

Any chronic inflammation is accompanied by congestion—excessive blood supply. This, in turn, is always accompanied by hyperplasia (increased tissue formation) and hypertrophy (increase in size or enlargement of organs). When a gland is chronically enlarged, the circulation through it is more or less impeded, and absorption is very imperfect, if it takes place at all. Where the circulation is impeded very greatly in an enlarged gland or other tissue of the body, the oxygen is cut off, and death or necrosis of the tissue takes place. It is then we say of a tonsil in this state: "The tonsil or tonsils are ulcerating."

Tonsilitis is an inflammation of the tonsils and throat caused by decomposition in the stomach and bowels.

Gas rising in the throat from fermentation causes irritation. Where this irritation is continuous, day after day, there is developed a sensitive state, characterized by redness and more or less thickening of the mucous membrane and enlargement of the tonsils. Periodically the daily condition of stomach fermentation takes on a putrefaction. Then it is said that the patient has an attack of tonsilitis or quinsy. If conditions are favorable, a diphtheria or scarlet fever may develop.

The treatment between attacks must be directed toward overcoming the chronic fermentation of the stomach. Correct eating and the proper care of the body will soon do away with tonsilitis without operation.

Children with the developed dyscrasia, as I said before, may pass as of normal health. Mothers know so

little of ideal health that they are heard to say, when asked about their children: "Jamie is real well, except his adenoids. Johnnie's health is fine, but I cannot break him of *soaking the bed* every night. Estella is never sick, but she has the bad habit of rubbing and scratching her genitalia, and I notice of late a vaginal discharge, which would worry me if she were not so splendidly well."

ADENOIDS

Adenoids are small mushroom growths, very watery, pink or reddish in color, and develop in the nasal passage.

They are described by medical writers as "masses that obstruct breathing and excite and maintain a catarrhal state of the membranes of the nose and pharynx." This is placing the cart before the horse. Adenoids are the result of the excited and catarrhal state of those parts, caused by wrong eating.

Wrong eating brings on food poisoning. First fermentation; then, resulting from gas eructations, we have first irritation of the throat, then inflammation of throat and nose. This is what we call catarrh. After which, as a legitimate sequence, we have enlarged tonsils, adenoids, ulcerations in the nose, enlarged, thickened membranes, growths, and bony spurs. The eustachian tubes and the ears become catarrhal.

All the diseases of the throat, nose, and head originate from deranged digestion, and will never be cured until the indigestion is cured.

Should adenoids be removed? Why should they? Adenoids do not cause themselves; hence removing them will not prevent others from forming.

To cure adenoids, remove the cause; which means: feed and cloth children properly.

CONTAGIOUS DISEASES

Children with the dyscrasia I have described well developed are in line for developing all the so-called contagious diseases. Why? Because they have the dyscrasia —the systemic derangement, the lost resistance—that makes them favorable culture media for all germs. Unusual weather—hot, dry, wet, or cold—works distress to broken-down people, and to children with lost resistance. When atmospheric states favoring decomposition remain in a section of country for an unusual period, so-called infectious and contagious diseases make their appearance. At first those with the least resistance break down, developing measles, smallpox, chicken-pox, whooping-cough, mumps, diphtheria, scarlet fever, typhoid fever, pneumonia, infantile paralysis, etc. Then, if the epidemic influence lasts, and fear, with vaccination, be added, those with impaired resistance will give down. Next, if the unfavorable weather conditions remain and the community becomes panic-stricken, prostrations may be expected among those who had full resistance at the beginning. Fear is the greatest ally that disease influence has. Fear, *per se,* cannot cause cholera or smallpox, but, through fear, resistance is broken; then the daily habits that were innocent at the beginning of the epidemic, and under which the body throve, now become noxious and join the epidemic influence to prostrate, and perhaps kill, the victim; verifying the misunderstood, but oft-repeated, statement that the *mind kills.* The mind really makes it possible for some people to take sick and die of diseases they had no inclination to take before fear broke down resistance. Fear, which is a mental process, inhibits secretions and excretions. The patient then becomes autotoxemic, resistance gives way, the epidemic influence joins the other causes, and down goes the victim.

In spite of all I have said about the causes of preparedness; the epidemic-producing influences, and fear acting with them, causing the most resistant to succumb to epidemic diseases, there will be readers who will ask: "Don't you believe in contagion? Don't you believe that disease is taken by coming in contact with someone suffering from it?"

I have stated my whole belief, and feel confident that anyone, if he carefully tries it out and is capable of doing so, will, when through, believe as I do.

If I am right, there is no excuse for vaccination; for, if it does anything, it dissipates nerve energy. There is no need of health boards stirring up fear; indeed, the periodic endemics of fright emanating from health boards should be recognized as disease-producing, and the boards should be fined to the extent of the law, and their fright-generators taken from them.

School is another ally of disease. Children are confined, and mentally taxed, either in study of lessons or in studying how to get out of study. It matters not how the mind is employed—it is an artificial state, and absolutely in opposition to all animal inclination and instinct.

Our school system is getting better, but it is not ideal. The mind, like the body, should assimilate the food. Food is given the body, and that ends it. The body takes care of it according to the functions of the organs of the body. Not so with the mind. Food is given the mind, and then a pudding-headed censor directs the mental digestion. The plan is good for nationalizing, stereotyping, and making automatons of all mankind; but it is not the best for bringing out individuality and securing all the brain power of the people. Besides, the mental censoring interferes with bodily health and development.

The vacation season is the only time when children have an opportunity to throw off disease in a natural way.

But the time is too short for full recovery, even if they were directed in their eating and other habits. The sunshine, fresh air, and exercise they get during vacation improve them in spite of bad family habits. But when they start into school, bad air, inactivity, the worry of inattention—inability to concentrate the mind—and consequent disgrace of failing in recitation; perhaps a sore arm from vaccination, or the unwholesome atmosphere created by other vaccinated arms; dread of operation for adenoids or enlarged tonsils, or the pain of straightening teeth; the nervousness caused by music lessons, and the inharmony coming from piano practice; and a lot of other influences that must come to most school girls and boys, soon lower their resistance; and then improper eating works more hardship than in the summer, when their bodies and minds were free. If parents are advised to feed more carefully, they will show their ignorance by declaring that they ate much more in the summer, and it did not "phaze" them.

Many people go for an outing; they climb hills and mountains; they stay out in the air almost day and night; and they return home fully convinced that there is nothing in diet schemes, for they have proved positively that food does not disagree with them. They continue their eating, but the rest of their outing habits are given up until another outing. In a week, two weeks, or a month they are down and out; they have lost all they gained, and are in shape to talk about getting "back to nature"—going into the chicken business, or farming, or fruit-raising. The burden of their day-dreaming is that their business is unsuitable to them; they are losing their health by staying with an unsuitable business. Most of such people would get well and make a success of life if they could be shown that they are held down by bad habits only—bad habits of mind and body.

Within one to four weeks after school begins nearly all the pupils have had one or more colds and more or less cough. Relish for food is not so good; the desire is uncertain and capricious; perhaps bread and butter can be coaxed down with jelly or fruit butter; oatmeal can be eaten if sugared; the desire for pie, cake, and candy is full enough, but plain food is an abomination.

The type here described is nervous, irritable, and impatient; perhaps will have a spell of gastric fever every sixty to ninety days; coughs come and go; the throat is a little sore often, and very sore two or three times during the school year.

What is to be done? How shall the various diseases referred to be treated? There is one thing that stands out as a remedy for all diseases; namely, remove the cause. But you mothers with sick boys may say: "It is well to stop the cause, but the cause, just at present, is succeeded by a very disagreeable and undesirable effect. Tell us how to get rid of it."

MEASLES

Measles is one of the so-called contagious diseases When a child is exposed to another that has the disease, it will take it in a certain length of time—eight to fourteen days after exposure.

Symptoms.—It begins with many of the symptoms of a common cold. The eyes are red and watering; there is sneezing, coughing, more or less headache; rash begins to appear on the neck, in the arm-pits, in the tender part of the elbow joint in front, on the abdomen, under the surface of the legs, and on the inner part of the thighs; and if the disease is not delayed in coming out, the patient should be covered with rash in from twenty-four to seventy-two hours after it starts to come out. The rash is not like that of scarlet fever, because it appears to be somewhat elevated. The scarlet-fever rash is a redness of

the skin without seeming tumefaction, but in measles the skin becomes rather rough. There is always a cough, and often it is very harassing, showing more or less irritation of the bronchial tubes, caused by a tendency for the rash to show itself on the lining membranes of the tubes.

Where there is a failure of the rash to come out on the surface of the body, it is not uncommon for the lungs to suffer vicariously for the surface of the body. They become stopped up, causing difficult breathing and a harassing cough. Unless the disease is relieved, there is great danger of the patient dying from suffocation. Sometimes the bowels suffer vicariously. Then a diarrhea will start up in those cases where the rash does not come to the surface, or where the rash recedes. This is not looked upon as an insignificant symptom; indeed, it is looked upon as rather dangerous, and unless the patient is handled correctly—properly nursed—the disease may end fatally.

Measles frequently leaves the subject with chronic inflammation of the eyelids—chronic conjunctivitis.

It is pretty generally thought to be one of the minor diseases of childhood; yet mortality reports show a continual loss of twenty-five per cent in large cities. This fact, and the further fact that measles is very much more common than diphtheria or scarlet fever, cause the death-rate from the former disease to be higher than that of the latter, even when these are acting in epidemic form. The reason why measles is so fatal is because of maltreatment. Sometimes there is a strong tendency on the part of the physician to give the child relief from the harassing cough. To do so, a very litle opium or morphine may be used. This drug acts badly upon the lungs, creating engorgement. It relieves the cough, but often does so at the expense of life.

Treatment.—The treatment for this disease should be conducted about as follows: The child should be kept in bed and not allowed any food at all. It should be given all the water it wants, either hot or cold. If there is much cough—if the lungs show any tendency to become engorged—the child should be put into a hot bath, kept there for fifteen to twenty minutes, and then put to bed, with enough covering to keep from chilling. The bath should be repeated every two or three hours until the lungs are fully relieved.

The bowels should be moved by enemas. The room should be kept well ventilated, and not darkened, as is common in such cases. There should not be a direct light shining in the patient's eyes. If possible, the patient's bed should head toward the window. Direct light will irritate the eyes.

There should not be one per cent mortality when children are nursed in this way. They need no drugs; they need absolutely nothing except water and an occasional hot bath. Children should be given all the water they wish, and kept quiet. Hot or cold water at pleasure.

Feeding complicates and intensifies all acute diseases.

GERMAN MEASLES

There is a form of measles described as "German measles." The disease begins about the same as common measles.

Symptoms.—Chilliness, increase in temperature, watering eyes, and very little, if any, cough, which is contrary to the common measles. Some children complain of bones aching. The rash first appears on the face and chest, then goes over the entire body. It need be treated no differently from ordinary measles; for it is simply a little variation from the regular type.

SMALLPOX

This disease comes on suddenly, sometimes accompanied by a chill and a high fever, with a great deal of restlessness in young children. Older children will complain of pain in the bones. It is called the "break-bone fever," which would indicate that the bones ache. Very young children are sometimes thrown into convulsions. Those old enough will complain of intense pain in the back, head, and legs, and there is usually vomiting. A rash appears on the skin, which may be mistaken for scarlet fever or measles; but soon there will be a feeling under the skin as though bird-shot had been placed there. These little elevations, which can be felt at first before they can be seen, are characteristic of smallpox.

Treatment.—The treatment for this disease need not be any different from that of other contagious diseases. Keep the child comfortable, bathe when necessary, see that the bowels move, and give no food.

CHICKEN-POX

This disease is sometimes mistaken for smallpox, and light smallpox is sometimes called chicken-pox. There is no difference except in degree. Chicken-pox will sometimes throw out not more than a half-dozen or a dozen pustules on the body, and then again there may be a hundred or more. Children feel bad at the beginning, but in a day or two there is nothing to show for the disease, except the little pustules that will develop on the surface of the body.

Treatment.—If the child is sick in any way, it should be treated as all children should be treated when uncomfortable; namely: stop eating, or give very light meals, or simply give fruit for a time. Babies in arms should be made comfortable, given no food when feeling uncomfortable, and then, when fed, they should be given their regulation food in smaller quantities than usual.

WHOOPING-COUGH

Description.—This disease begins like an ordinary cough of irritation of the throat, growing a little more severe each day, until at the end of two weeks the child begins to whoop. The whooping lasts about two weeks, and then it requires about two weeks for the cough to die down and cease entirely. In other words, whooping-cough is self-limited to six weeks from beginning to end. During the whooping stage children frequently vomit; bad cases will throw up nearly all the food they eat, and become very emaciated. Such cases are marked by a high blood pressure.

Etiology.—The cause of this disease is said to be an infection. It is recognized as being contagious and infectious. This disease, like infantile paralysis, is of the cerebro-spinal center, or purely a disease of the nervous system. Where children have been overfed, autotoxemic, and in a condition of plethora, the symptoms will be very severe. The child will lose so much sleep, and become so worn out by coughing, that parents demand relief; and too many doctors are willing to give such cases a questionable relief.

Treatment.—Under no circumstances should children be given narcotics of any kind for relief. Whenever a child is coughing severely, and appears to have symptoms of deranged digestion, slight increase in temperature, and high blood pressure, it should be fasted until these symptoms are all gone. Drugs of any kind are not to be thought of. Cough mixtures will only disturb digestion and cause more coughing. When there is no fever, and the pulse appears to be about normal, except right at a coughing paroxysm, children at the breast should be fed three times a day. If the stomach becomes disturbed and the bowels act abnormally, reduce the food to one-half; but if there is an increase in temperature, the head seems

to be congested, and the child has the appearance of being quite sick, positively no nourishment at all should be given until all these symptoms have passed away. Then resume the feeding to which the child has been accustomed, but do not give more than half as much as before it was taken with the cough.

Older children, when presenting symptoms of stomach derangement, lung engorgement, congestion of the brain, or high blood pressure, should be fasted until all these symptoms have passed away. Then give a glass of buttermilk morning, noon, and night; or buttermilk morning and evening, and some kind of fresh fruit—a good eating-apple, or any kind of fresh fruit on the market—at noon.

During the whooping stage children should not have anything to eat beyond a little fruit, or a very small amount of milk—never more than a glassful at a meal.

If care is exercised in feeding these children, they will have what might be called a comfortable sickness. In other words, the cough will not distress them a very great deal. When whooping-cough is very distressing, it always means that the child is sick and is being fed in a way to cause much discomfort.

The mortality from whooping-cough in our large cities is criminally high. There is no need of any deaths from whooping-cough; malpractice is the cause of all mortality. It comes from feeding and medicating. If mothers could realize that they remove all danger and much discomfort by fasting their children ill with this disease, they would have a plan of treatment that would free them from jeopardizing the health of their children by giving drugs.

MUMPS

This disease starts with the child feeling irritable, perhaps feverish, and complaining of headache. The diagnostic symptom is a swelling under the ear; for mumps is inflammation of the parotid gland.

When children have convulsions and a high temperature with this disease, it shows a deranged condition of the system from improper feeding, and the only treatment required is to stop giving food until the child is comfortable. Then allow children at the breast to nurse about one-half as long as they are in the habit of nursing. Older children may have toasted bread and milk, morning, noon, and night; but they must be comfortable, or they are not to eat anything.

DIPHTHERIA, SCARLET FEVER, TYPHOID FEVER, AND PHEUMONIA IN CHILDREN

Treatment for diseases named.—If there be pain and fever, put the child in a hot bath, and keep it there until comfortable. Use enemas daily until the temperature is normal and the pain gone. Keep the child quiet in bed, without books, papers, or friends to talk with. Remember that rest is one of the greatest restorers which nature offers, and that water, outside and inside of the body, is another. When there is no nausea or vomiting, patients may have all the water they want; and when there is pain or restlessness, hot baths frequently enough to bring comfort —as often as every three hours, if necessary. The length of time spent in the bath should be in keeping with the pain. The rule should be: Stay in the bath until comfortable, even if forty or sixty minutes are necessary.

If there is an inclination to cold feet, the rule should always be: Keep a hot jug in the foot of the bed. A gentle rubbing up and down the spine for ten minutes at bedtime will usually quiet and put these patients to sleep.

Someone will ask, after reading the above: "How do you treat typhoid fever?" In the same way. Then still another will inquire: "How do you treat appendicitis?" In the same way. Then all will probably declare: "That settles it! A doctor who does not know that there is a

separate cause for every disease, requiring a special remedy, does not know enough to treat my family." My rejoinder is: Only nature cures, and all a physician can do is to palliate; and all he should do is to be quite sure that his palliatives do not add to the disease, rather than ameliorate suffering.

Perhaps it may be as well to say that all diseases must be treated properly from the start to the finish, if ideal results are to be had. Those who will follow my instructions, yet give a little milk or a little broth—*not enough to amount to anything*—need not be disappointed if they fail to secure results such as I get. The world is full of people who are near-successes. They miss the goal they start for by an insignificant margin. They follow instructions to an insignificant margin. They know how to do everything, but they fall short of doing it by such a small margin that it is not worth mentioning. They wind up their lives and miss having success by an insignificant margin, but just enough to miss it.

Anyone who wishes to meet with the results I get in practice must do all I do—not pretty near what I do.

COLITIS

(INFLAMMATION OF THE COLON)

Probably constipation has more to do with bringing about colitis and appendicitis than any other one cause.

Habitual constipation causes irritation first; then comes inflammation; following which, sooner or later, ulceration develops. One persistent sign is a continuous discharge of mucus with every bowel movement.

The acute stage of colitis is called dysentery. Acute colitis, or ileo-colitis, is marked by a frequent desire to go to stool, but no movement.

The real cause is constipation. As soon as the bowels are thoroughly cleared out, the constant desire to stool and the pain of bearing down are over with.

Treatment.—Copious enemas. Positively no food until the disease is fully controlled.

Feeding should be light to start with. For very young children: their usual food, but in greatly reduced quantities, and gradually increased as toleration and digestion improve.

Older children are to be fed fruit, cooked or fresh, for one or two days; then fruit for one meal, toast or breakfast food for lunch, and broth, with grapefruit or salad, in the evening. If all goes well, increase on customary lines, being careful not to overfeed.

One meal of laxative foods, such as prunes or figs. At dinner, cooked spinach or onions.

APPENDICITIS

Appendicitis has overeating and constipation as its two principal causes.

Symptoms.—Pain in the right lower abdomen; nausea, vomiting, and unyielding constipation. That is, after the bowel below the point involved in inflammation, swelling, and obstruction is cleared out by enemas, there will be no more movements until the swelling subsides and the sensitiveness is gone. The on-guard state of the muscles in this part will keep the bowels from moving until the sensitiveness is gone; then relaxation comes, and with it the bowels move freely.

If the disease is properly treated from the beginning, there is no danger and but little suffering.

Anyone who wishes to have my success in treating an appendicitis case must do as I do. I do not feed in appendicitis. And that does not mean that I give the patient occasionally a sip of milk, or a little fruit juice, or a taste of ice-cream, or little lumps of ice to cool the stomach. It does not mean that I am digging into his belly with my fingers, and allowing doctor friends to do the same in an endeavor to verify the diagnosis, and then

debating before the patient the possibilities of an operation being necessary. No, indeed! I make up my mind regarding the diagnosis—making sure that the case is not a twist or a complete cut-off of some kind; then I settle down to a straight, unchanging course. No more manipulating and digging into the abdomen. These diggings are what rupture pus-sacs and force speedy operations. The surgeon often finds ruptured pus-sacs, but he need not look beyond himself or his associates for the cause. He or they have ruptured it; and, of course, there is nothing left but to perform a hasty operation on a case made doubtful—made dangerous—by maltreatment.

How should appendicitis be treated? No diseases offer such gratifying results as typhoid fever and appendicitis when treated by a scientific letting-alone—not a pretty-near letting-alone.*

Keep in bed; use two quarts of warm water as an enema night and morning; no food; nothing is to go into the stomach until the bowels move. If the case is appendicitis with abscess, the bowel movements are cut off from above by abscess pressure, and the muscle fixation that nature provides to keep the parts protected and prevent rupture taking place in any direction except into the bowels. Hence no attempt should be made to move the bowels, except by the enemas, as above recommended.

When the usual operation is performed, drainage must be made against gravity; whereas, if the opening of the abscess is left to nature, it will take place in such a way as to favor drainage; namely, into the gut. There are many advantages in allowing nature to have her own way in disposing of the ulceration. In the first place, fasting will allow a thorough house-cleaning; the abscess will come to full maturity, and when it

*Those who would go deeper into this subject should read my monographs on "Appendicitis" and "Typhoid Fever."

opens it will drain well and heal by granulation; the patient will be saved the inconvenience of adhesions that follow most operations, compelling later operations for their relief; and a physician who is capable of piloting a case to a successful natural cure ought to be able to teach the recovered victims of appendicitis how to live to prevent a recurrence. All diseases are liable to recur, unless the habits of life that brought on the diseases in the first place are understood and corrected.

There can be no appendicitis without habitual intestinal indigestion; and this habit is built and continued by overeating, and wrong food combinations and preparation.

If this disease starts with nausea, vomiting, and diarrhea, the patient will feel quite sick for a few days; but, if kept quiet, and nothing given by mouth—not even water—until the sickness at the stomach subsides; if two quart enemas of warm water be given night and morning, and either an ice-pack or a hot-water bottle over the appendix—the former when the temperature is 103° Fahrenheit or above, or the latter if the temperature is low—the patient will become comfortable inside of seventy-two hours, and suffer no more, except at times from the discomfort of hunger, and a desire to eat or get out of bed. When the disease is treated properly, it may be said, as of typhoid fever treated intelligently, that it is a very comfortable sickness. And, what is better, the death-rate is eliminated.

CROUP—CATARRHAL LARYNGITIS

Laryngitis is croup. Writers describe three kinds; namely, catarrhal, membranous, and spasmodic.

The three are one, but varying types, depending on the constitutional states of the patients.

Children that have slight digestive derangement will take on a light or spasmodic croup. The force of the

disease is not great enough to last longer than a few hours before the body rights itself and the disease is gone.

Treatment for light form, or spasmodic croup.—Give hot foot-bath, or give a hot bath to the entire body, and keep the child in the bath until fully relaxed and all croupal symptoms are gone. Then put the child to bed, keeping the feet and hands warm. Do not feed until the symptoms are gone; then feed three meals a day. Stop feeding between meals, and stop candy-eating.

PSEUDO-MEMBRANOUS LARYNGITIS—TRUE CROUP —DIPHTHERIA

There has always been a division of opinion as to membranous croup being diphtheria.

My opinion has always been that the two are one and the same, location in the air passage and the severity of the constitutional involvement causing the difference in type.

Where a child's resistance is badly broken down from wrong care, the severity of the symptoms may be great enough to kill in from a few hours to a few days.

All cases will die when the membranous deposit extends to the bronchial tubes.

The foundation for the disease goes back to catarrhal inflammation caused by chronic indigestion. On this established derangement may be grafted any epidemic influence.

When conditions of domestic or civic environment favor the development of putrefaction, the septic variety of throat diseases may be expected to develop.

Treatment.—If fasting, warm bathing from three times a day to every three hours, and copious enemas two or three times a day, will not save, nothing will.

Light forms of diphtheria will get well with little attention beyond fasting and bathing. This has reference to diphtheria located in the throat elsewhere than in the

larynx. When in the larynx, it is croup, and what the end will be must depend upon the profoundness of the constitutional involvement. If great, the mortality is frightful.

Sanitary science, better housekeeping, and cleanliness have struck old-fashioned diphtheria a death-blow. When cities learn how to get rid of all putrefaction, diseases which are developed from filth will be gone forever.

HERNIA

Young children often have hernia. The child should be kept well and free from any cause of crying; for severe crying increases the hernia.

There is not much that can be done in a domestic way for this disease. The family physician must be consulted, and a truss secured. Sometimes a child will have a hernia at the navel. A band, with a small pad one-half inch or three-fourths of an inch thick sewed on to it, placed over the hernia and fastened around the body of the child, will usually be sufficient to keep the hernia reduced. Or, what would be better, get a regular umbilical hernia truss. This is something a doctor should look after.

EPILEPSY

It is not customary to call the convulsive seizures in infants epilepsy; yet they are one and the same thing; for convulsions, fits, or epilepsy are produced by nervous irritation. The common cause of convulsions or epilepsy in children is deranged digestion or suppression of skin eruptions. The cause points to the remedy; namely: indigestion must be overcome by cleaning out the stomach and bowels, and keeping the child away from food until it is all right. Where it comes from the suppression of a rash, such as measles, scarlet fever, etc., baths should be used

to establish or bring about a breaking-out on the surface of the body of the rash that is peculiar to the disease.

Older children may develop true epilepsy—periodic convulsions. The predisposing cause of convulsions is a neurotic temperament. Without this temperament reflex irritations are not liable to manifest as convulsions. The cause in many cases is quite obscure, but in the majority of cases it is irritation and infection developing in the stomach and bowels, or particularly in the lower bowels. In nearly all cases, if an examination is made, there will be found colitis, constipation, and probably rectal derangement. Sometimes pin-worms, intestinal worms, or parasites will cause the disease.

Treatment.—The cure must come through proper feeding and care of the body. Where the convulsions appear to be established, a physician should be consulted. It is not a disease to trifle with in a domestic way, and under no circumstances should children be medicated; for there can be no possibility of a cure brought about by drugs.

PIN-WORMS

Pin-worms are very small worms located in the rectum, keeping the child uneasy, fretful, and inclined to scratch or rub the fundus. It shows perverted digestion. The cause may be said to be deranged digestion.

Treatment.—The eating must be corrected; also the general care of the body. Small enemas should be used daily—one teaspoonful of salt in a pint of warm water.

CHOREA OR ST. VITUS' DANCE

This is a purely nervous derangement, and there must be a neurotic temperament as a predisposing cause. The exciting cause may be anything that will use up the child's nerve resistance. Such children should be fed very care-

fully. Their food should be properly combined. Overstimulation should be avoided. Children of this temperament and inclined to this disease should be trained into sleeping one or two hours every day. They must be kept away from anything that cultivates fear. Anything that has a tendency to frighten must be avoided. They should not be allowed to play too long or get overfatigued. Ghost stories must be kept away from them. They should not be treated harshly; for punishment only brings on nerve derangement.

Treatment.—Where the disease is established, the child should be put to bed, and kept there until the choreic or convulsive movements are thoroughly controlled. No food should be given for at least one week. The second week fruit of any kind may be taken. Then, if the nervousness is overcome and the child has control over its movements, by the beginning of the third week it may be fed fruit for one meal a day, and toasted bread and butter, followed with a glass of milk, for the other two meals. This should be kept up for one or two weeks; after which the child should have bread or any kind of breakfast food, with milk, for the breakfast; at noon, cottage cheese; and in the evening, meat or eggs twice a week, with cooked, non-starchy vegetables and salad. For about five dinners during the week the child should have potatoes, whole-wheat bread, corn bread, or any of the decidedly starchy foods, with the vegetables and combination salad.

The lunch at noon may be varied: about twice a week plain cake and milk, or fresh fruit and toasted bread; once a week custard, with plain cake or zwieback.

INFANTILE PARALYSIS

Paralysis in children, the same as in grown people, may be divided into two classes; namely, cerebral and spinal.

Infantile cerebral paralysis, or palsy, is known also as spastic diplegia (*spastic,* "to draw up;" *diplegia,* "double stroke," both arms or both legs involved), and by other names, such as spasmodic tabes dorsalis, paraplegia, paralysis of lower extremities, semiplegia or cerebral atrophic palsy (one-sided paralysis).

The time and origin of paralysis are divided into: intra-uterine, or the class that develops before birth, and those that develop after birth. The ante-birth causes are not hereditary; for an influence strong enough to cause paralysis to be hereditary would prevent conception; or, in other words, sterility prevents such calamities. When it occurs before birth, the mother has either abused herself, met with an accident, or been abused. Attempted abortion no doubt is a cause in some cases, especially when the attempt has been made with drugs.

Etiology.—Injuries to the child, caused by a too early discharge of the amniotic fluid. If this takes place before the neck of the womb is dilated—before the last stage of labor (which, for the good of the child, should not last longer than five minutes)—great skill will be required on the part of the physician to prevent the child from being injured or killed by the expulsive pains—by the vigorous contractions of the womb on the child's body on account of the loss of the cushion of water, or amniotic fluid, that prevents this influence. To such labors may be charged many cases of paralysis and injuries to the brain that are not noticed except in mind development.

Sexual assaults, because of ignorance of fathers, no doubt cause many cases of paralysis. Imprudence in eating, and overeating, cause long labors by building too large children, and cause mothers to be too stout—*too fat* would more nearly express it. Being heavily incumbered as many women are, the pelvic outlet is obstructed, causing long births, lacerations, and other complications.

Injury from instruments is another cause. Prudent physicians will not use instruments except to expedite labor; and this hurry is not necessary except in complicated cases. As a rule, there is no need of hurry, unless there has been a premature discharge of waters, or other complications not necessary to mention here.

Whooping-cough, when nursed improperly and medicated, is very much inclined to develop cerebro-spinal derangement.

Where there is defective development of the brain or nervous system, paralysis must be a matter of course, when the right exciting influence is brought about.

Arrested development may be brought about by convulsions. And infantile convulsions may be caused by indigestion. Babies fed too frequently, or fed after there are signs of indigestion, are often thrown into convulsions. Indigestion in mothers, caused by a reduction of the alkalinity of the fluids of their bodies, is a cause of convulsions in children. Septic infection from a badly managed umbilical cord is a cause of convulsions in babies, seldom recognized.

Cerebral paralysis is almost always of a paraplegic (lower-limb) or diplegic (bilateral) type of paralysis. Some cases present a relaxed condition or flaccidity of muscles, instead of the rigidity which is rather characteristic of cerebral palsy. Mental impairment, more or less, is nearly always present.

Meningeal hemorrhage is often the cause of convulsions, such as mothers describe as "inward spasms." Where partial recovery takes place, a secondary lesion may start up, such as inflammation of the membranes of the brain or spinal cord, or both; atrophy (want of nourishment from a cut-off blood supply); and sclerosis (hardening) of the cortex (outside or gray matter of the brain). Cysts (water or fatty tumors) may form on the

surface of the brain where the hemorrhage existed. The spinal cord often becomes involved.

The causes in the third variety are vascular, such as hemorrhage, embolism (obstruction of an artery or capillary blood-vessel, but not always a blood-clot), consequent on disease of the heart, rheumatism, scarlet fever, pneumonia, or septic poisoning. These diseases predispose to embolism. The septic variety may be nursed from a mother who is suffering from septic infection developed by an injury to the neck of the womb at childbirth; or the mother may have retained a small piece of placenta (after-birth), that, in slowly necrosing—decaying—causes more or less infection of the mother, and, through her milk, of the child.

It should be seen from the above that causes and types are numerous for this disease as well as for all others.

Symptoms.—All cerebral types of paralysis are similar in many respects. In the earlier years of life—from birth to three years of age, and then up to ten, and even after maturity—this disease may develop. Spastic symptoms (a drawing-up, or spasmodic, state) are common. Where the limbs are drawn up or crossed, it is due to paralysis of opposing muscles. Every movement in health that can be willed is brought about by the contraction of one set of muscles and relaxation of others. This is, of course, exaggerated in paralysis; for in normal life the consenting or giving-way muscles give steadying power, while in paralysis this is lost. Unsteadiness of movement means paralysis. It may be temporary, or it may be permanent and progressive. In children the tendency is to improve, if there is not complete disorganization of the parts involved in the injury.

In those cases where there has been an intra-uterine lesion, loss of power is a pronounced symptom. The presence of convulsions, cyanosis (blueness of the sur-

face of the body), and unconsciousness calls attention to lost power.

Convulsions occurring soon after birth are sometimes caused by hemorrhage. Where the convulsions occur from one to four weeks after birth, the mother's health must be looked after carefully, and if she has sustained an injury to the neck of the womb, and the discharge has a fetid or septic odor, the child should not be allowed to continue nursing. When the cause of convulsions is found and removed, it may be too late; a change in the brain or spinal cord may have been brought about that will lead to slight paralysis or idiocy.

These unfortunate children suffer in degree from a slight mental defect to complete idiocy. So-called incorrigibility comes from slight and unsuspected cases of cerebral paralysis.

Children that are slow to talk and walk suffer from slight paralysis. Indeed, often the only symptoms noticed are the trophic (those of impaired digestion and assimilation).

The children that are slow to walk will be noticed to have a tendency for the thighs to be adducted (drawn across each other), and will show symptoms of chorea (abnormal muscular movements) and lost power for co-ordinating movements (athetosis—continual change of position of fingers or toes, inability to keep them still).

The third, or acquired, type of this form of paralysis is usually hemiplegia (one-sided paralysis), although paraplegia (both legs) and diplegia (both arms) do develop.

The disease may develop any time after birth, although more frequently before the fifth year, and often begins with convulsions. Where the convulsions are frequent, a convulsive habit may become established, and then the disease is called epilepsy. There are two varieties of this disease: the convulsive type and the *petit mal* variety.

Everybody can diagnose the convulsive form; but the light form, where consciousness is lost for only a few seconds, and the type that destroys judgment and moral sense for a few hours or for a few days each month, cannot be known to laymen or courts of law.

Where epilepsy continues through life, the subjects become mentally defective. The mental state ranges from weak-mindedness to idiocy. The disease is often so slight that it will not be noticed, and the mental lapses and defects pass as wilful perversity or incorrigibility. Many boys and girls are wasting their lives, and opportunity to get well, under the guardianship of schools for the incorrigible. The institutions are conducted—from the judges who sentence the children, to the superintendents who preside over the institutions, on to the incumbents of the smallest assistant offices—by men and women who are no more capable of passing correct judgment on the real causes of these children's diseases than the victims are capable of passing upon their diseases themselves.

There is much talk, these days, of the humane manner of caring for incorrigible children. The treatment could be, and has been, worse. But has boasted enlightenment any real reason for self-praise? When a child or minor has a lapse of mental co-ordination from a slight cerebral paralysis, and commits a crazy act (recognized as wilful and immoral), it is supposed to be kindness to brand him an incorrigible and banish him to a petty penal institution, where he mingles with hundreds of others suffering in a like manner. But is it? Is it a kindness for a criminal judge to recommend clemency, or to commute a death sentence to life imprisonment, in a case where the victim who committed the act of murder was under the impelling influences of a mental delusion generated by the aura of a light cerebral convulsion or epilepsy? The attack may have been generated by excessive venery; or by the use of tobacco, starchy food, alcoholics; or by drugs

given by a physician for a cough or headache; or the *murderer* may have been provoked by the person killed, and the excitement proved to be the last straw—the last small influence in a chain of morbid influences, to set off a cerebral convulsion (mental convulsion)—and during the reign of mental excitement, murder was committed, wholly out of the consciousness of the one committing it.

Is it kindness to brand a man a murderer when he commits the act while in a state of unconsciousness? Is it kindness to banish children to petty penal institutions, and brand them incorrigible, when there is a slight cerebral paralysis that only requires a little stimulation above normal to bring on a lapse of consciousness—mental inco-ordination—in which state they act with as much rationality *as in dreams,* and are fully as responsible, and no more?

Our juvenile courts may be an improvement over the old way of handling so-called juvenile criminals; but the best of them—even our own Judge Lindsey's court—is not a credit to modern intelligence. I do not believe the Judge knows anything more about the lives of his sentenced victims after their incarceration, except a possible few, than the judges of other criminal courts do of their victims. Neither has he, nor his co-workers, any real conception of the nature of the cause of the delinquencies which their humane (?) punishment is supposed to cure. It is a case of the blind leading the blind.

Much is made of the fact that Judge Lindsey can sentence boys to their prison, and that they will go without a guard. This fact is full of significance; but, as it has not penetrated the ivory dome of those "whom this concerns," to the extent of becoming a workable knowledge, why should it be recognized by lawyers, judges, and laymen as something remarkable? Why do the so-called bad boys go to the juvenile penitentiaries without a guard? Because, in the first place, they are not criminals;

and, secondly, their numerous mental lapses have called down upon them the condemnation of parents, guardians, and friends to such an extent that they have almost decided they have no friend left, and they are as well off in one place as in another; and the Judge, instead of being cross and censorious (as the boys expect a great judge to be), is found to be "making up" to them and sympathizing with them. Then, why shall they not try to please him, as he is about the only friend they have left, since father and mother no longer have faith in them? Of course, they will go alone; and they will "get there," unless a paroxysm of cerebral paralysis overtakes them on their way; then they will run off after the will-o'-the-wisp of their imagination; and, when rationality returns, they can give no reason for their act. They know, down in their consciousness, that they intended to do as the Judge wished them to do; just as they had resolved hundreds of times to do just as father, mother, or teacher had desired them to do, but as often had awakened to consciousness and found that they had not done so. Another reason why they do not break the pact with the Judge is because they do not make many promises to him. If they were with the Judge as much as they are with their parents, they would break their promises to him as often as they break them to parents and teachers. The judge possesses no charm that will antidote incorrigibility (?)—that will correct a cerebral derangement; indeed, he does not know the cause of the boy's *moral lapses,* any more than the boy himself knows, or the boy's parents and teachers know. The sum of all their beliefs is that the boy is bad, and, if they can keep him locked up, he will outgrow it. The real incorrigibility is of the judge, parents, and managers of the penal institutions, and, over them all, the great medical profession.

The institutions, instead of curing the brain diseases of the juvenile *criminals,* bring a lot of *bad* boys together

who are branded incorrigible, and through the power of suggestion they are made into what the public and juvenile courts say they are.

There is but one cure for infantile paralysis; namely, build up the co-ordinate muscles—the muscles that can do vicarious work for those that are paralyzed. In paralysis of mind the same plan must be carried out; namely, when one of the leading moral faculties is paralyzed, all of the co-ordinate faculties must be built up and made to do vicarious work for the impaired or lost faculty. Is this done? Exactly the opposite is what our great juvenile courts and penal institutions are doing. If any of the victims recover, or improve very materially, the credit is due to the conserving powers of nature operating in spite of all opposition.

It is a hard charge, the one I am about to bring, and I am conscious of the omnibus character of it; but the truth should not hang its head and apologize: Courts, including the juvenile courts, and all institutions for hearding together human beings of a certain class and type, are just as many centers for building, intensifying, and making the disease, which they are supposed to correct, more general and harder to cure.

What is the usual home treatment of mental defects?—In cases where talking and walking are delayed, mothers and fathers can see the defect, and will speak to the family physician about it. They would not think of abusing the child for the delay. Where there is a delay in developing a comprehension of certain studies, less patience is shown the child; but where the moral nature is slow to develop, and where there is moral weakness, extending from a slight defect up to moral idiocy, the *wise* people institute courts of *justice* and penal institutions for punishing the bad people. People are bad just because they want to be—this is the tacit, if not the expressed, declaration of the people and the people's courts.

Yes, people are long, short, thin, or thick, just because they want to be. People love music or not, just as they please. People have red, black, or light hair, just as they like. Indeed, as a matter of fact, what we are is largely a matter of luck. We may have good parents, but a slight injury at childbirth may put us "to the bad" all our lives, and the judges and preachers and teachers, along with our own folk, will brand us as incorrigible, and educate us into being what they say we are, by consigning us to criminal-building institutions.

No offense is intended to the well-intentioned people connected with the work of caring for incorrigibles. But there is need of better understanding.

No one is bad because he wills to be. He is molded into what he is by the public's interpretation of his defects. Sometimes a defect is lionized until it becomes a veritable advantage—a success. Acquisitiveness, when expended in monopolizing a commodity until it brings great wealth, makes its possessor great; whereas, if along with great acquisitiveness there should be a cerebral defect—a paralysis causing lapses of consciousness—then great desire might help itself with the grosser methods of the bandit. The bandit does not evolve into his greatness suddenly. He gets there by easy stages, and through the suggestions of courts, churches, friends, and enemies.

The physician often grows his greatness by helping to build incorrigible people. He brings this about by hurrying labor—by causing the mother to give birth to her child a few hours earlier than natural; and his expediting methods produce an injury to the child's brain; or the mother is injured in childbirth, and the septic infection poisons the child and throws it into convulsions—a disease that leaves a permanent defect and causes the child to be pronounced incorrigible by juvenile courts, etc. The physician is rewarded for his butchery, by being honored as the first in his profession—a great wielder of *"twi-*

light sleep," an expediter of childbirth. Instruments and drugs that hurry labors build infantile paralysis. "God's curse" is set aside, and man's substituted, resulting in paralysis, idiocy, or insanity, instead of physical and mental health.

Every defect stamped on the human body by drugs and surgery, and misbranded the science and art of medicine and surgery, adds to the sum-total of human *incorrigibility;* and those who succeed in doing the greatest amount of this vandalism are often lauded high above the heads of their contemporaries as being *great.* But the greatness, if understood, would be recognized as refined barbarism. Such people, however, are on a par with the mob who murdered Christ, and who brought forth the greatest prayer ever offered up; namely: "Father, forgive them, for they know not what they do."

There is a great need of having reformers, reformations, and reformatories converted into schools equipped with especially qualified teachers. Certainly, from judges down, they who have to do with cerebral paralysis should be drilled into knowing the difference between caring for mental defects and wilful wantons—*if there is any such libel on creation.*

It should be generally known that there is no bad: there is no wanton; no one does wrong because he wills to do so. All so-called incorrigibles have their desire to do good and be good; but they are handicapped by an anatomical defect. There is some defect in the brain which causes its functioning to be capricious, and this abnormality is branded by court and church—by legal and moral ethical standards—as wilful breaches of law and order; and that, too, by a class of minds who should know better. Who would not think of a judge who holds a victim of epileptic convulsions, or paralysis, criminally responsible for his deviations from the normal, as a man sadly needing training in the laws of cause and effect?

To common minds, the idea of punishing for a defective body is absurd; yet we sanction all sorts of legalized abuses to the victims of mental defects.

Treatment.—The treatment for all varieties of paralysis is to establish order and a correct life. All stimulants must be avoided, and the eating must be rational and suited to the needs. Prevention is of greater importance than cure; for too often curing is impossible. Mothers must live normally. They must live in a way to have quick and easy labor, and be able to nurse their children the first year, giving plenty of milk. Mothers and fathers must know the need of avoiding stimulants, and doctors must stop injuring children with drugs and instruments.

The children whose physical and mental defects are pronounced should be watched and cared for in keeping with their needs. Their misdeeds will be given credit where credit is due. In other words, they will not be held responsible for what they cannot help.

The other class—those whose mental lamenesses cannot be seen by the physical eyes, whose defects cannot be seen except by the eye of understanding—need intelligent care. The blind spots in their brains may be bridged by cultivating other faculties to do vicarious work for the undeveloped faculties.

Great care should be taken that vicious faculties are not given a training that will in time completely submerge the higher faculties; for when that occurs the victims will be given up as wholly bad and sent to penal institutions for life.

How can such mistakes be avoided, when laymen of not always the brightest intellects, and who have a lot of personal bad habits, are placed in control of these unfortunates?

The care of mental defects should always be in the hands of the best educated, and should be directed by

physicians who know more than to believe that troublesome boys are simply incorrigible because they will to be bad, or are responsible for their own degeneracy.

Ignorance, drugs, coffee, tea, tobacco, and alcoholics, with surgical insanity, must go. Civilization's maiming and insaning habits must be known and banished; then we can say that we have removed the cause of infantile paralysis, incorrigibility, and crime.

INFANTILE PARALYSIS CAUSING INCORRIGIBILITY

Children are subjected to many head injuries, beginning at birth and not ending until their exuberance of spirit, which is peculiar to all young animals, subsides, and the more serious affairs of life are taken up. Children's love of fun and frolic costs them many bumps and falls on the head, and, if they have small resistance and are autotoxemic, injuries that cause extravasation of blood will take on inflammation; whereas, if the fluids of their bodies were not inflammable, they would react from injury and the restoration would be normal, speedy, and complete.

The wave of medical insanity that accompanied the introduction of "twilight sleep" increased the medical obsession on the subject of painless labor, or easy childbirth, and until the craze has spent its force, children must suffer by being subjected to greater injury than since the introduction of instruments and chloroform in obstetric practice, because the people have awakened to their supposed rights on this subject, and they will demand painless labors. This will cause inexperienced physicians, as well as unscrupulous ones, to work the remedy overtime. The doctor who should be running a street car, or be out in the woods cutting ties, or back in the schoolroom teaching, will endeavor to substitute "twilight sleep" and the obstetric instruments for knowledge and dexterity; and the result will be that chil-

dren's heads will be injured with instruments, and their nervous systems will be subjected to the injurious effects of narcotic drugs used to produce "twilight sleep," which are exceedingly detrimental to brains so tender. The drug influence, added to the autotoxemia derived from the mother's incumbered state which is brought on from gluttonizing during pregnancy, is an influence well calculated to alter the function of the brain of the child to such an extent as to cause, in some cases, *petit mal* (light form of epilepsy), and non-development of an isolated brain center or part of a center. Babies that are nursed by their mothers will have their food supply more or less injured by the effect of the drugs used on their mothers. The injuries at birth, as well as the drug influences, are liable to start a perversion that will prevent an ideal brain development. To make myself understood: Suppose a child born to a line of ancestry noted for honesty, truth-telling, or philanthropy should receive a slight injury at that part of the brain from which such impulses are sent out, and a dwarfing follows; then dishonesty, lying, and misanthropy ensue, unless education can be made to bridge the mental chasm.

Just how much injury will be sustained by mothers and children in artificial labors cannot be estimated; for the influence will be too subtile and far-reaching. The present-day type of mind is too much given over to fragmentary thinking to be able to link an injury of a mother in childbirth today to a chain of morbid sequences ending in fibroid tumor or cancer in ten or twenty years afterward; or to trace injuries of children during their birth to infantile paralysis, *petit mal,* petty crimes, incorrigibility, and at last the penitentiary or electric chair, in from one month to fifty years after the injuries were received. Our present-day teachings and beliefs in causes and effects do not help many medical minds to trace an

instrumental delivery, with injury to a child's head, to incorrigibility during childhood and a criminal life in manhood. The opposing argument will be: "Thousands of children are instrumentally delivered every year; why are they not all incorrigible?" Because not all are injured; or, if they are, all do not nurse mothers whose milk has become infected from a neglected tear in the neck of the womb; not all are mismanaged in nursing; not all have been drugged by family physicians; not all have been subjected to osteopathic or chiropractic manipulations; not all have been subjected to one or more of the thousand-and-one other influences that aggravate the first injury and cause a perversion of development of a part, or all, of a special nerve center.

There is not an incorrigible child or adult who is not made so by defective development, and subsequent influences of wrong mental and physical life: eating unsuitable foods, and being taught or controlled in an unsuitable manner—fed unsuitable mental food.

Infantile paralysis, of the type under discussion, should be understood. The psychological expert must be the adviser in such cases, and the function of the brain that is lost must be known; then all collateral functions must be overdeveloped, so to speak, to make up for the lost function. The cure for incorrigibility should be started early, before parents have, by mismanagement, caused a perversion of the collateral brain functions. By that I mean: When children are abused for mental lapses that they can no more prevent than they can stop the sun in its course, such correction develops a resentment. In this way their benevolent, self-saving functions are changed about, and the good are made bad. "My parents and society believe me bad, and *I shall have the game as well as the name.*" Thousands of splendid children are made incorrigible because of not being understood.

These are the children whose paralysis is of the brain type. Those whose type of paralysis leaves its mark on the body—lost power over perhaps a group, or part of a group, of muscles of one leg or one arm, or all the muscles of one or both legs, or one or both arms, etc.—have mental defects or perversions, preventing perfect brain development; but, on account of their physical deformities, they receive much sympathy and consideration, and when the physical paralysis cannot be overcome by developing collateral aid, the mental is benefited by the kind treatment usually accorded those lame in the body, and, as a result, we often see amiable cripples. They have been taught the great lesson of securing the benefit that misfortune brings when the misfortune is fully understood and advantage is taken of it.

Intelligence will some day convert the injuries, which now end in building incorrigibles and criminals, into blessings in disguise. That day is a long way in the future, however; for before such a state of society can evolve, old beliefs must go. Such beliefs as are at the foundation of our law, religion, and ethics—namely, that sin, crime, all we call bad, is from the wilful choosing of the incorrigible; that man may choose between good and evil—must be blotted out; for how can man choose between good and evil when, before he knows the good, he is driven by a force he does not understand, into doing the evil, until it becomes a habit, and the habit of all who know him is to treat him as an incorrigible? Before man can discriminate, evil habits are formed that cannot be broken because they have become organized—organic change has taken place—and the function must be that of evil, or what we call evil; for it is in opposition to established order. The tragic part of this fact is that this fixed state has been forced by established custom—the cause of crime is fixed on the criminal and not on society.

Who can say that what appears good to the conventional does not appear evil to those handicapped in mind? How can anyone judge motives, or the genesis of motives, when he is absolutely ignorant of the physiology and pathology of the mind? How can anyone think that a correct anatomy and physiology—in other words, a healthy mind—can generate incorrigibility and crime?

A paralyzed muscle, or a diseased body, is not expected to act normally; then why expect more of a diseased mind? This point in social life is where man shows his childishness and lack of power for sound reasoning. A child seeing a man limping declares at once: "The man is lame." If asked why it thinks so, it will quickly reply: *"No one will walk lame who can walk otherwise."* If a judge, preacher, or doctor sees someone jimmying a window or a safe, he at once notifies the police of what the *bad* man is doing, and the *bad* man is run in. If the *bad* man happens to be a mere boy, he may say to his captors, in answer to their queries why he is guilty of such conduct: "I do not know why I act so; I appear not to have the right control of myself." Or to his father or best friend he may say: "I do not know why I act as I do, unless it is because I am a fool." If those whom this concerns care to investigate, they will find that incorrigibility is marked by cycles and periodicities. When crime is committed periodically, what relationship does it hold to epilepsy, the tide, the seasons, the comets, or any other phenomenon of nature? And how responsible is man for these phenomena? If responsible for one, why not for all? In reply to this, the wise doctors of public safety will say to the epileptic (the sufferer from *petit mal*)—the boy who says he does not know what makes him act so, unless he be a fool: "We will teach you to have the right control." Which means that the punishment will be of such a character that right control will be given. What would such a cure do for the physically

lame man? Who would send for a policeman, a public prosecutor, or a judge to advise what should be done with a man with a paralyzed leg or arm, or a woman with a cancer of the breast, or a minister with a wry face—a face all pulled to one side—from paralysis? Why not consult them for these physical defects? Their advice is sought in infinitely more important, difficult, and complex matters. The police give heroic treatment (third degree) to many boys, men, and women who have paralysis of small centers of the brain that causes them to limp mentally. Such treatment as they give them never cures them, but it is thought to be good practice—it is the custom; it has *wholesome suggestive influence* on other people who *think of becoming incorrigible* just for the pleasure there is in it. But how about the legal cures given in state institutions—industrial homes for incorrigible boys and girls, jails and penitentiaries? Are all these patients cured, and is the treatment proving suggestively prophylactic? Are there any cures? Do not consult statistics, for you know what Carlyle said of them; and do not ask those who are interested in the perpetuation of such institutions. It is generally admitted that institutions for criminals and sick people cannot be built fast enough. That ought to brand law and medicine as quack institutions.

Doctors, policemen, prosecutors, judges, and even preachers, know a raving maniac when they are occasionally knocked down by one, or when laymen who have been associating with a demented person for a while report the unfortunate fellow to these *commissioners of safety.*

The incorrigible individual who is just *bad* because he desires to be, but who is not *bad* enough to have his rights interfered with, will be allowed to go his pace—frequent *licensed* bawdy-houses, saloons, and gambling dens—until he runs amuck and kills wife, friend, or

others. Then he will be *cured* of his insanity by being legally killed.

The average doctor can tell when people are insane enough to make them as dangerous as mad bulls; but, so far as understanding what the real condition is when boys and girls take a delight in being bad, he knows little about it.

ACUTE EPIDEMIC POLIOMYELITIS

Like all diseases, acute infantile paralysis has many causes. All the causes named for cerebral infantile paralysis are aids to the epidemic influence that has received so much newspaper and magazine attention in the past few years.

Some of the best authorities declare that the disease "appears in children previously well nourished." The medical standard for "well nourished" is, unfortunately, a bad one; for the average medical man recognizes a plethoric state—an incumbered body—as *well nourished,* when, in fact, it is very vulnerable to epidemics and epidemic influences. Incumbered babies are heavy and unwieldy, and are often injured in handling. They are enervated, autotoxemic, and in just the right state to take on inflammations. Their nervous system and brain are made very susceptible by their "well-nourished" bodies. These are the children who cause long labors, and who are liable to suffer injury from drugs and instruments. Three to six pounds is the correct weight at birth—safe for mothers and children. Nine- to twelve-pound children are liable to be injured.

Children that are previously well nourished have trouble in teething. The irritation from teeth may throw them into convulsions; indigestion may do the same. Epidemic influences act likewise. In what way? Atmospheric states that cause epidemics do so through their enervating influence. A long wet spell depresses; a long

dry and hot, or dry and cold, spell overstimulates, and this ends in enervation to such children; following which come children's diseases.

Epidemic years, when properly investigated, will no doubt show a perverted state of vegetable as well as animal life. Rye blasts, wheat cheats, corn develops must, etc. No doubt the elemental constituents of all farm products are changed—the chemistry is changed—and, as a result, animal life is affected detrimentally.

Weather conditions that affect the chemistry of plants must affect also the chemistry of animal and human life; and this is shown in epidemic and endemic diseases.

Epidemic influences of a physical and mental character were seen before sanitation was perfected; before the swamp lands were drained; before the people were well housed, clothed, and educated. Smallpox, cholera, diphtheria, scarlet fever, diarrhea, dysentery, spotted fever, cerebro-spinal meningitis, infantile paralysis or poliomyelitis, meningitis, diseases of the cord, frequented some parts of the earth all the time. Epidemics are now more scarce; for the principal causes—ignorance and filth—are being overcome. Filth is going faster than ignorance, and, as a result, we see disease giving way in clean places in spite of ignorance, and much disease in dirty places in spite of much wisdom. For example: Smallpox has a habit of thriving in dirty places, in spite of *medical learning and vaccination.*

Smallpox is said to be controlled by vaccination. If this is true, what controlled cholera? If diphtheria has been controlled by serum, what has controlled scarlet fever? If yellow fever was controlled at Panama by corralling the mosquito, what has controlled the yellow fever in the southern states, where it has existed as an epidemic many times? And why have not the southern people yellow fever all the time? They have the mosquito all the time.

If a germ is the cause of poliomyelitis (infantile paralysis), why do not the germs cause all children to take the disease? Because they are not susceptible, of course! Then the causes of susceptibility are the causes of all epidemic diseases. Children, then, who have been injured, from whatever cause, during embryonic or fetal life, at birth, or during the first years of childhood, are made susceptible. It stands to reason that a child with a sound brain and spinal cord, and in perfect health in every other way, will not be influenced by epidemics. There is another class of children who will not develop the epidemic disease; namely, those already suffering from disease of some kind, such as rheumatism, kidney, heart, or lung diseases, or decided perversion of nutrition; but the epidemic influence will intensify already established diseases. Understand that the epidemic influence does not cause the chronic diseases prevailing at the same time, but it does intensify all chronic as well as acute diseases. Why? Because of its general enervating influence. The epidemic influence is more that of an intensifier of existing states of disease than an originator of types of disease.

The children who are stricken with such diseases as meningitis—cerebral or spinal—or diseases of the cord, such as the one under consideration, are those who are susceptible to nervous diseases—the nervous temperament—by inheritance, and who have been unfortunate in being injured, as I have described.

The nervous temperament must not be overlooked as a predisposing cause, *par excellence,* of nervous diseases. This temperament makes it possible for any influence that uses up nerve energy to bring on nerve diseases; for example: any irritations of the nerve centers, either direct or reflex, such as injuries to the brain received in child-birth or in child-life, from accident, or from teething, gastric or intestinal indigestion, worms; the irritations

peculiar to the genitalia of children; excitement and irritations common to child-life; and, neither last nor least, drug influences.

If disease, such as infantile paralysis, has such a multifactored causation, will some wise seer edify us by telling us about how soon the scientists of the Rockefeller Foundation, backed by $45,000,000, will discover a composite germ that can cause all the causes resulting in the composite effect which is called poliomyelitis, and produce a composite serum, or a synthetic drug, that will cure the disease? We were told, two or three years ago, that Dr. Flexner had solved the riddle. But hold, the truth is that $45,000,000 has been on a cold trail all the time; and, what is more, its olfactions are too gross to follow, even if given the right!

And it is a brother of the scientist *who did not discover the cause and cure of infantile paralysis,* who has the censoring of medical colleges. He is the man who classifies and brands the medical *almae matres.* It is desirable to have all colleges the same, so that the same type of doctors will be turned out.

Forty-five million dollars is a tremendous handicap to medical progress, but it will roll off in time; not, however, until truth takes root in lay minds and rolls it off.

Money is a mental fertilizer, but, like all fertilizers, it may be spread on too thick; and that is what Mr. Rockefeller has done. But, "God bless him," he does not know it, any more than those who are employed by his millions know that they are suffering from *sciencitis.*

Symptoms.—Acute poliomyelitis usually appears as any other infectious disease. Children usually have fever reaching 102° or 103°F., followed by a sudden paralysis; sometimes vomiting and convulsions may also be present. The reflexes are greatly diminished or entirely absent. The emaciation occurs very early, and the part affected is limp. The muscles lose their tone and are soft and flabby. The surface temperature is cold. Shortening takes place. . . . There may be tenderness along the affected

nerve, and pain in the muscles during the acute stage. The bladder and rectum are usually not involved. The brain is not affected, so that this condition *per se* does not give rise to mental derangement.

Diagnosis.—This disease usually follows fever. At times it is a one-day's fever followed by paralysis. There is "a stationary state, lasting one to six weeks. Then a period of improvement," lasting about six to twelve months, and, lastly, "a stage of permanent disability," lasting throughout life.

The initial fever is sometimes followed by pain in the limbs, and the condition mistaken for rheumatism. In no other disease is the response to the faradic current absent as early as in this condition. In diphtheritic palsy the previous history will assist in clearing up the doubtful diagnosis. Atrophy of the muscles occurs very early and is an important diagnostic symptom.—FISHER.

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Epidemic Poliomyelitis; the Symptomatology and Diagnosis in the Acute Stages.—Francis R. Fraser states that in the preparalytic period and in abortive cases the diagnosis of poliomyelitis depends, to a great extent, on the presence of an epidemic and association with other cases. Under these circumstances, a history of sudden onset, with fever, gastro-intestinal symptoms, and perhaps pain, would indicate a careful examination for signs of stiffness of the neck and back. If any suspicion of a meningitic lesion is entertained, lumbar puncture must be performed, when the condition of the spinal fluid will clear the diagnosis in most cases. The differentiation from a gastro-intestinal upset is most difficult, but in gastro-intestinal disorders the spinal fluid is normal. Other common infectious diseases commence similarly, but in them the pain and hyperesthesia are usually absent. Skin lesions in poliomyelitis have been described, but are not constant in character, and are present in only a small number of cases. Acute rickets is easily mistaken for poliomyelitis because of the fever, the prostration, and the tenderness. The spinal fluid, however, is negative, and in poliomyelitis pronounced enlargement of the liver is not found. Tuberculosis of the hip can be differentiated by the history of onset. Acute rheumatic arthritis may commence acutely, and the fever, pain, and disinclination to move be very similar, but the tenderness is localized to the articular structures, and in poliomyelitis there is no swelling of the periarticular structures and no synovial effusion Meningitis due to the meningococcus, the pneumococcus, the influenza bacillus, to streptococci and staphylococci, gives a spinal

fluid with increased cell count, due to polymorphonuclears, and the causal organism can be found in the smears and can be cultivated. In tuberculous meningitis and syphilitic meningo-pyelitis the spinal fluid is very similar to that of poliomyelitis, and the clinical findings do not differentiate it until the case has been watched for a few days. A positive Wassermann in the blood is not sufficient to differentiate syphilitic meningitis, as it may be found in acute poliomyelitis, as in other acute infections. Even when evidence of paralysis, or of involvement of the motor system, is found, the diagnosis may not be clear. Acute poliomyelitis is probably more often mistaken for cerebro-spinal meningitis than for any other disease, especially as paralysis may occur in both; but the rash, the photophobia, and characters of the spinal fluid, should differentiate them.—*Medical Record.*

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The pathologist tells us that infantile paralysis is a general infection involving principally the cerebro-spinal axis. There is a hemorrhagic myelitis, perhaps a mild meningitis, punctate hemorrhages in the cord, most marked in the anterior gray matter, with perivascular infiltration which causes narrowing of the terminal arteries supplying the motor cells, and producing anemia even to the point of necrosis in many of them. The posterior root ganglia may also be involved. If absorption of the infiltration occurs quickly, the anemic cells resume their normal function. During this stage, spinal puncture verifies our diagnosis, and blood serum, if used, should be given as early as possible in doses of from six to twelve c.c., repeated the following day. The Hospital for Deformities and Joint Diseases has furnished Dr. George Draper, of the Rockefeller Institute and the State Board of Health, blood serum from many donors. Excellent results are reported when this serum is used sufficiently early. Hexamethylenamine is also recommended, as is adrenaline when the diagnosis is made too late for the administration of serum. The serum obtained from the spinal canal of the patient has been injected into the thigh muscles, in some cases, and, it is stated, with beneficial results. Massive doses of quinine have been given by some practitioners internally, as has echinacea, with alleged benefit. Rest, with quiet surrounding, is advised, and symptomatic treatment should be given.—*New York Medical Journal.*

AFTERTHOUGHTS ON THE EPIDEMIC OF INFANTILE PARALYSIS

BY BEVERLEY ROBINSON, M.D., NEW YORK

Despite the fact that there was much search after the specific cause of the late terrible outbreak, nothing convincing was found. We are still obliged to confess our ignorance and to recur to the time-honored statement that an epidemic influence has prevailed. The proof is, as we all know, that cases appear suddenly in widely separated tracts of country; that in some cases children, young men and women, and occasionally adults of a certain age, have been attacked; that not infrequently there is no evidence that a possible human carrier of the disease can account for it; that healthy children who are most carefully looked after in every rational way take the disease, and not merely neglected children or those of poor parents.

No system of quarantine, even the most rigid, has prevented the disease from attacking persons at a given time. In all these particulars, and others, it is closely allied, in my judgment, with the grippe. Again, so far as many symptoms are concerned, it more closely resembles the grippe than any other known affection. True it is that the site of the disease, after a few days, is especially the spinal cord and causes the paralytic symptoms, which are lasting and disabling, or, indeed, rapidly fatal. Even this may merely be a seat of a poison like that of grippe.

So far as precautionary measures exist, I see no reason to change what is rational in the case of both diseases. Manifestly, when the symptoms of disease are present, it is wisdom to prevent bodily contact with those who are well, and when an epidemic prevails in a known locality, it is sensible, sometimes and when conditions permit, to leave such a place for a time. But this does not mean that there should be an unreasonable stampede and that everyone who can afford it should seek safety in flight. In the first place, there is no assured safety by so doing, simply because the disease seeks susceptible people and, for some unknown reason, may attack them soon in the very place they have gone to for safety. Not a few facts prove this. I have not now in mind instances where the disease developed in a patient who brought it from the infected region whence he came. I mean instances where, after several weeks' absence from an affected place, the child was stricken with spinal paralysis.

I am still of the opinion that, by intelligent treatment at the beginning of the disease, its worst effects may be warded off, or appear in only a relatively small proportion of cases.

To me, the simplest and probably the most effective treatment in the beginning of the disease, or as a preventive, is the internal use of ammonium salicylate. This remedy may be supplemented by the local use of carbolated petrolatum introduced into the nares, night and morning. The employment of immunized blood serum injected into the spinal canal has evidently been of great service. But the supply is necessarily limited, and it should be given only by an expert and after a very careful examination of the blood donor by a physician of wide experience; otherwise much harm may result. Obviously this treatment could not now be given properly, or at all, in many country villages, or isolated regions. The treatment I have recommended may be used by any physician when first called to the case, would do no harm in any event, and might help save many lives, or at least might prevent the worst after-features of the case. Even if it is not so curative as blood serum, it would supplement the latter, and, whenever this could not be obtained, would be a saving help in time of greatest need.

The ammonium salicylate has been more valuable to me in the treatment of grippe than any other remedy that I have tried —and I still hope everything from its wider use, if another epidemic of infantile paralysis occurs. I plead for it very earnestly, as both preventive and curative. To me, the daily reports from the hospitals of what the physicians are doing are very unfortunate, as they tend to keep alive a condition of great mental anxiety and dread which is not wholly justified by the facts.

Much of the treatment which has been employed in hospitals is experimental, and how much of it will remain an acquisition of value is not yet known. Meanwhile we should be loath to abandon a treatment which has proved itself so valuable, innocent, and simple in a similar disease.—*New York Medical Journal.*

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On July 5, 1915, in the *New York Evening Journal,* Dr. Bolduan, director of public education of the health department, and Dr. Simon Flexner, director of the Rockefeller Institute, told the people how to detect infantile paralysis and how to ward off the disease. Their advice follows:

HOW TO DETECT IT

The first symptoms are fever, bowel disturbances, headache, and irritability.

After a few hours, pains develop, usually in the lower part of the legs and in the feet.

Sometimes there are also pains in the region of the spine, in the arms and neck—stiff neck.

Within twelve hours the patient is unable to move his arms and legs, and sometimes cannot talk.

Vomiting, delirium, twitching, and convulsions accompany the progress of the disease.

A temperature of from 100 to 106 degrees lasts two or three days.

Sometimes, but rarely, the patient has chills, sore throat, and skin eruptions.

Health is no protection. Often children go to bed apparently well, and awake in the night with the first symptoms, and are partly paralyzed by morning.

HOW YOU MAY AVOID CONTRACTING IT

Cleanliness is the only known preventive.

The isolation of children in the house is next in importance.

Have children wash their hands and faces often.

Avoid buying candy, ice-cream, and fruits which are eaten without being cooked, from peddlers and storekeepers who are not careful of their wares.

Do not kiss children on their mouths.

Keep their noses clean. This applies especially to young babies.

Do not cough in their faces.

Protect them from flies.

The germs of this disease, which are so small that they cannot be seen with microscopes and which pass through germ filters, almost always enter the bodies of their victims through the mucous membranes of the nose and throat.

HOW TO AVOID SPREADING IT

Keep children away from their mates in the streets or at moving-picture shows.

Report all cases at once to the Board of Health, so that the city's doctors can immediately investigate and remove the patients to hospitals.

There are 1,500 hospital beds available for them in wards where they can be isolated.

Adults are not free from the disease. If your hands are dirty, or if you are not careful about the preparation of your children's food, remember that you can give your little ones the disease as readily as can outsiders."

* * *

CAUSE AND CURE FOR INFANTILE PARALYSIS

PROPOUNDED BY DR. FREDERICK W. COLLINS, NEWARK, N. J.

Dr. Collins has issued the following statement regarding the cause and treatment of the disease:

Cause: Fermentation in the intestines, affecting the epigastric or solar plexus, which irritates the great splanchnic and its branches, the least and lesser splanchnics. This fermentation in the intestines causes these nerves to become irritated, and in turn irritates the muscles, causing them to contract or constrict. This in turn causes the ligaments to which the muscles are attached to contract and draw the vertebræ together, impinging the nerves that emit from the intervertebral foramina. This causes a loss of motor function, hence the paralysis.

The tenth cranial nerve, known as the pneumogastric, is also affected, as this nerve also supplies the solar plexus. It transmits directly to the brain and causes the symptoms of lassitude, refusal of child to play as usual, loss of appetite accompanied by fever, and, at various stages, inability to use arms and legs.

This disease is not caused by the invasion of any germs. When fermentation takes place in the intestines, when a person's blood and all the fluids of the body are charged with toxemia from the putrefaction in the intestinal tract, caused by eating too many starches, and the electromagnetic condition of the atmosphere becomes favorable for fermentation to take place, we then have an *epidemic*, and if the intestinal tract is examined, you will find all the kinds of germs you are looking for.

Cure—Treatment:

First.—Warm enemas, using a pint to two quarts of water with castile soap or tablespoon of glycerin in the water.

Second.—Chiropractic adjustments at C. P. to reach the great splanchnic nerves, K. P. to reach the least and lesser splanchnics, L. P. P. to reach the great sciatic nerves or adjust the sacro-iliac articulation; at P. to reach the vagus nerve through the superior cervical ganglia.

Third.—Rectal dilation with the finger, inhibiting the "myelin nerves." These nerves are four in number, consisting of

a pair on either side, and are commonly called in anatomy "coccygeal nerves." Of these two pairs of nerves, situated laterally upon the sides of the spinal cords, one of each pair arises from the pineal gland, while the other two, one on either side, have their cranial origin from the pituitary body. Both the myelin sheath and the arachonoidal covering of the spinal cord are composed of nerve tissue.

The union of the myelin nerves from cord and brain, the gangliated cord of the sympathetic, and the downward stream or white rami communicates in the coccygeal ganglia, makes this the most important nervous system. The two gangliated cords of the sympathetic extend from the base of the brain downward on either side and slightly in from the spinal column to the coccygeal ganglion, which is their lower commiseural ganglion, known as the ganglion of impar. Pressure scientifically applied through the rectum will increase the circulation and stimulate the entire nervous system.

Fourth.—Warm magnesia-sulphate sponge-baths at the neutral temperature over the entire body, particularly the spine and abdomen, will dissolve the toxins and neutralize the blood stream, followed by shocking the spine with cold compress for three seconds, and cool compress on abdomen.

Fifth.—Osteopathic treatment to the posterior spinal muscles, intercostals, arms and legs, to promote circulation and remove stasis.

Sixth.—Fruit juice and milk diet for infants. Fresh fruit and raw vegetables, with bran or whole-wheat bread, for children. If infants are nursing, the mother should eat plenty of fresh fruit, whole-wheat or bran bread, raw vegetables, drink raw milk fresh, with water, equal parts.

The above treatment will cure, and may be applied twice daily, morning and afternoon, with the exception of the chiropractic adjustments. They should be given once daily. The above treatment will save the child's life, and the usual length of time for a cure is one day to seven months.—From *Roseville Chronicle.*

* * *

Symptoms.—The disease begins suddenly, with spinal aching, malaise, and a fever of 100 to 102 degrees. The fever lasts from two to five days, during which time the skin is dry and hot, the tongue may be coated, the urine is scanty and highly colored, the bowels are constipated, but occasionally there is diarrhea, the appetite is poor, and vomiting may be present. Within a few days it will be noticed that the lower limbs are paralyzed, or

possibly all four extremities, depending upon the part of the cord affected. As a rule, the bladder and rectum are not affected, and there is no anesthesia, or, if present, is only temporary. During the first few days there is more or less spinal pain radiating into the legs. This is a flaccid paralysis, and is more noticeable in the muscles below the knee than in those of the thigh, and the anterior tibial muscles are especially affected, permitting the characteristic foot drop, so common to infantile paralysis. The affected extremities rapidly undergo atrophy or wasting, making the leg long and slender. The paralysis may subside or partially recover in the extremities least affected, leaving the one extremity totally paralyzed. This is usually the right leg. It fails to grow and usually becomes deformed, the child becoming club-footed; any of the forms of talipes developing.

If the leg should only be partially paralyzed, or if he should wear a brace in walking, a lateral curvature of the spine with a tilting of the pelvis will develop, because the affected limb will be shorter than the one on the unaffected side. This curvature is usually located in the lumbar region and is purely adaptative. All that is required to remove such a curvature is to give a specific adjustment that will remove the paralysis and restore normal function to the legs. When in the sitting position the spine will straighten out, unless there should be ankylosis.

Infantile paralysis differs from myelitis in that the sensory function is not involved, there are no bed sores, there is no vesical nor rectal anesthesia, there is no girdle sensation, and the condition is usually unilateral.

It differs from peripheral neuritis in that persistent pain and tenderness is absent, is unilateral, while multiple neuritis is bilateral, and the De R. appears late in infantile paralysis, while it appears early in neuritis. Atrophy occurs more rapidly and to a greater extent in infantile paralysis than in neuritis.—*Chiropractic Symptomatology.*

* * *

A CASE TREATED BY DR. F. W. COLLINS

THURSDAY, JULY 27, 1916

Dr. F. W. Collins, of 122 Roseville Avenue, Newark, N. J., was called in to see Albert David, age seven years, at 36 Sorrento Street, Irvington, N. J.

Condition as follows: Both arms paralyzed, right leg paralyzed, left toes paralyzed, neck stiff, eyelids closed, and eyeballs glassy, the sign of death.

Dr. F. W. Collins worked three hours, and applied the following treatment:

1. Two warm enemas.
2. Hot compresses to neck.
3. Chiropractic adjustments, at P., C. P., K. P. Rorated lumbars and loosened up sacrum.
4. Applied hot compresses to chest and abdomen, wrung out in hot Epsom water. Bathed arms and legs with hot Epsom water for half-hour.
5. Placed him in prone position, and applied hot compresses to back and thighs for about ten minutes; then shocked the spine with cold towels.
6. Placed him in dorsal position, and gave rectal dilation for one minute, and child discharged rotten fecal matter; color black and green. Gave another dilation; child discharged again. Gave another dilation for five minutes, and there was no discharge.
7. Applied cold compress on abdomen and hot one on chest. Bathed the legs with hot Epsom water, and arms. At the end of the first hour he opened his eyes and smiled. In another half-hour he moved his hands and brushed a fly from his forehead. In two hours he was able to move the toes on the left foot.

The above treatment was continued daily. On August 4 was in good spirits, playing with blocks, and sitting up. There is lots of life in the right leg, and expect to have him move it in a few days. Also wrapped his arms and legs in Epsom compresses, and covered with warm blankets.

On July 28 the following notice was sent to the Board of Health in Irvington, N. J. This was done, not because it was necessary, or to save the child's life, or from fear of any contagion, but to comply with the Board of Health rules:

"President of the Board of Health of Irvington, N. J.

"DEAR DOCTOR: Last night I was called to attend the son of Ferd. David, at 36 Sorrento Street, Irvington, N. J. I found the child in the following condition: Motor function lost in both arms and right leg; feverish; muscles all contracted; eyelids closed. On examination, eyeballs were glassy. Applied restorative measures, and in one hour the boy opened his eyes and was able to raise arms over head. Visited him tonight, and found him improved greatly, but the right leg had no motion. Gave him treatment, and left him in good condition. I think it advisable to leave the child at home, but to quarantine the house

and thoroughly disinfect same. I am at your service, and beg to remain,

"Fraternally yours,

(Signed) "DR. F. W. COLLINS."

Mr. David states that when Dr. Christian called from the Board of Health, he put on a long gown and cap, refused to touch the child, and kept away from Mrs. David. Washed his hands before leaving with antiseptic tablets, and refused a nice, clean towel, saying he was afraid to catch the germs. Took out a mussed handkerchief from his pocket, and dried his hands on that.

I have quoted and written so extensively on the subject of Infantile Paralysis in order to show how little is known about the specific cause of the disease. The truth of the matter is that there is no specific cause. Cause resolves itself into multitudinous factors, all of which are necessary to evolve a typical case. If a specific germ is ever found, it will be beholden to, and dependent on, all other factors, the major portion of which must precede it to prepare a suitable habitat for its metamorphosis; for, no doubt, this particular germ, like all other pathological germs, must wait upon a suitable environment to give it specificity; and when the environment dissolves—becomes analyzed—and the elements return to their source, its cause of specificity is gone—it ceases to be specific.

We can well afford to give up the notion of a specific cause, when to believe it works hardship to all who have not the disease, as well as to those who have it.

The health board's requirements, so long as a disease is believed to be contagious, work great hardship to the people who are free from disease. This disease is no longer believed to be contagious, and only the *ultra-scientific* believe it to be infectious. Soon we may expect to get on a sane basis of belief regarding this disease. Then something new of a contagious nature will have to

be discovered to give the medical world a new thrill—a new shock—and a new opportunity to show the people, who have any discernment, how inane and stupid the average scientific doctor is.

Dr. Collins met with the success that always accompanies a sort of rough-and-tumble nursing. By "rough-and-tumble" I mean doing anything that appears necessary to relieve a patient, regardless of the cause of the disease. The rough-and-tumble style of treating patients is good enough when it ends well, but there are many helpless victims of this style of practice. When the dangerous type of "regular" doctor undertakes to treat patients for symptoms, relief is given with the hypodermic. Then we see those with heart disease shocked to death; those with congestive headaches killed with morphine; the cough of pneumonia stopped with drugs that should never be given, resulting in death. And this haphazard style of relief is carried on to an appalling extent, with no hope that the people will ever know enough to protect themselves against such professional inefficiency.

Dr. Collins' treatment is not fraught with so much danger. However, novices and the heavy-handed who undertake his treatment will kill a few; for the manipulations which he recommends may be overworked. I do not believe there is anything specific about his treatment. His manipulations are as cut and dried as the "regular's" habit of whipping out his hypodermic. Securing a thorough cleaning-out of the bowels is the keynote to his success. The spinal stimulation, when *not too heroic,* will certainly bring relief to nerve tension and give rest to the little sufferers. His salts bath no doubt is soothing and helps allay nerve irritation, thereby parrying much irritation on its way to the spine.

I believe the best physicians who have been treating this disease in the East recognize the importance of clearing out the bowels as the first step to relief. From

the reports, I judge the intestinal canal is the location of the primary disease, and the spinal cord and paralyiss secondary.

This is true of *epidemic cerebro-spinal meningitis.* Hence, the sooner the alimentary canal is cleared out, and kept clear, the less shock there will be to go to the spine.

If the laboratory experts would forget the *nose* as the point of ingress, and the fly as carrier, and get out search-warrants for the intestinal canal, they would not be long in finding where the infection originates.

No doubt in some cases the putrefaction in the bowels takes place so suddenly that it acts like a fulminant, and the infection is so sudden and profound that it works disintegration to the nerve centers immediately. In a few hours—in one night—a child is converted into a helpless cripple for life, or possibly killed.

Treatment.—When an epidemic of the nature of infantile paralysis is on, every sick child should be given the benefit of the doubt, and have its bowels thoroughly cleared out by the use of mineral water and enemas. All feeding should stop until it is quite certain that the child is safe.

If it were possible to have the proper remedies applied early enough, the disease could be checked before the spine is injured. But this is impossible, unless parents are instructed in knowing what to do, and would then be expert enough to do it. If this could be done, many lives would be saved, and many would escape deformity.

Prevention is the only real safeguard. Healthy children should be fed breakfast food for breakfast—no sugar; fruit—any fresh fruit—for the noon meal; whole-wheat bread, butter, and milk for the evening meal. About twice a week a combination salad, an egg, cottage cheese, and milk may be taken for the evening meal.

Babies under two years old should be kept on milk. Where it is possible, fresh fruit may be given with the milk. In the winter time the sweet fruits should be used with the milk—raisins, dates, or figs; one or two ounces with the milk.

When the weather is hot, milk and fresh fruit should be about the limit of variety. Indeed, during endemics and epidemics, the less variety of food eaten, the better.

That some children are more inclined to take the disease than others is partly due to inheritance and partly to wrong daily life. To prevent inheriting a low resisting power, a broader moral education will have to be given prospective parents. So long as fathers and mothers believe that generation is something that is governed by chance, and that they have nothing to do with creation, the populating of the earth with cripples, both of body and of mind, will go on. Creators must know their responsibility, and assume it with the right spirit, before the creating of incorrigible children will end. Too much is left to the Lord.

So long as fathers and mothers think that they can live in any way; indulge in stimulants of all kinds; allow their sensual natures to run away with them; allow lasciviousness to run riot until their nerve centers take on premature aging—until progressive paralysis shadows them like a veritable nemesis—such diseases as infantile paralysis will be one of the curses of civilization.

Mothers who *curse their children before birth* by desiring to destroy them, and who go so far as to use drugs to force abortion, or attempt to produce abortion with mechanical means, need not be surprised if their children are incorrigible from perverted mental and physical development.

Those women who must have a few years of freedom from childbirth in which to enjoy life before settling down to virtuous motherhood, need not be surprised if they

cultivate a state of body and mind that will be transmitted to their children as a neurosis or psycho-neurosis.*

VACCINATION†

"What shall I do when my children are sent home from school because they are not vaccinated?"

This question, often received by me, is hard to answer by one who would comply with the law and order for the sake of social peace and unity.

The health and life of a son or daughter are of greater importance than law and order. When a parent has evolved out of the vaccination superstition, he must look upon it as a menace to health and life; hence, when this menace threatens, nothing higher than ordinary animal instinct will compel him to protect his own.

A mind that could not admire an animal for protecting its young—that would not have a little compunction at killing a tigress for protecting her young—is much lower in natural ethics than can be conceived of any brute. The parent who is abused by so-called law and order for

*Neurosis—nervous derangement; psycho-neurosis—mental derangement unaccompanied by bodily disorder (cerebral paralysis).

†Those who wish to know something about the damage that compulsory vaccination is doing in the United States should send fifty cents to subscribe for the *Truth Teller*, a periodical published semi-monthly by the Truth Teller Publishing Company, Battle Creek, Michigan. This organ is a periodical brought out by the Anti-Compulsory Vaccination League of Ohio, and is the official organ of the Anti-Vaccination League of New York. I do not recommend the decidedly partisan characteristics of this organ, but it will give any fair-minded person an idea of what is going on in the world that is suppressed by the opposition. Truth, as a rule, lies somewhere between two opposing advocates. It is positively unreasonable to expect the truth to be published by the pro-vaccinators, and it would be reasonable to believe that the anti-vaccinationists will allow their prejudice to exaggerate.

protecting his child against the outrages of a superstition he has outgrown would be derelict if he did not protest; and, if the protestations of civilization fail, then he certainly would have the natural—*moral*—right to resort to the manner and means of protection vouchsafed to the aboriginal man or animal. There are natural rights which are inviolable, and the right to protect "life, liberty, and the pursuit of happiness" is the most important. In fact, it is the first law of nature.

It is a man's social duty. "If it be possible, as much as lieth in you, live peaceably with all men" (Rom. 12:18). But it should not be forgotten that: "But if any provide not for his own, and especially for those of his own house, he hath denied the faith, and is worse than an infidel" (Tim. 5:8). Can there be a greater provision than for that of health and life?

All nature cries out against the mother who would forsake her child. And when she will not, and asks protection against medical superstition, what answer am I to give her when she appeals to me for advice? Am I to betray her trust and turn her over to medical vandalism? For that is what vaccination, and other immunizers of that ilk, mean.

But if my readers want the truth on this subject, they must know something of both sides; and, as the medical profession, backed by legislation, is advocating vaccination—and not only advocating it, but compelling it, where it is possible—this sort of education is taught and felt in every community; hence laymen should read something about the other side.

Medicine is too speculative—too uncertain—to be backed by law and forced upon the people. No less a personage than Cardinal Gibbons has declared:

> What do the things that Dr. Osler preaches stand for? Fifty years hence all his teachings may be overthrown by new discoveries. His whole doctrine is based on theory. Fifty years

ago the scientists of that day imagined they knew all that was to be known of medicine; yet today their conclusions are overthrown by later discoveries.

It is true that the cardinal is not a physician; but it does not require a physician, pope, or prelate to read and interpret history.

When it is easily proved that scientific medicine, as interpreted by the rank and file of modern medical scientists, is, at best, *conjecture and guess-work,* the people have a right to, and should, protest against the state and government going into partnership with the profession for the purpose of forcing experimentation; for that is all there is to theory and practice as propounded by the best medical colleges in this, and any other, country.

It will be my endeavor to help my readers to a rational belief on this subject. The rabid pro-vaccinators are not at all loath to declare those who oppose vaccination ignorant, stupid, dishonest, and disloyal. Intrenched custom and convention are always positive that they are right on all subjects that they advocate. The proselytes to established beliefs are not required to know anything positively on the subject. All they need to do is to accept the faith and believe that those who have gone before them knew the truth. This has been going on in regard to vaccination so many years that advocates of this health-destroying, so-called preventive are believers in the system, without proof, except that *what everybody believes must be true.** This is the strongest argument that is brought out by any of the advocates of vaccination. Statistics on this subject are "framed up" for a purpose.

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*Is it not a fact that majorities are usually wrong? If so, why? Because majorities do not need proof—*what everybody believes must be true.* This was the evidence that convicted and put to death witches, and forced Galilei to abjure the Copernican theory, and in all times has forced obeisance from cowards and fools.

Those who wish more information on this subject should read Alfred Wallace's book, "The Wonderful Century."

The medical profession is very busy in its endeavor to stamp out such diseases as tuberculosis, syphilis, cancer, pellagra, and other so-called blood diseases. The profession admits that most of these diseases are increasing all the time, and it appeals to the legislatures of the various states to help in stamping out these dread diseases. Is this not the quintessence of irony, when this same medical profession, before securing this last-craved legislation, has secured legislation for the purpose of forcing the people to aid it (the profession) in building the very diseases that it wishes to stamp out by its so-called immunization practice—vaccination, etc.? There is no single cause that is more active and potent for saddling upon the people these so-called infectious and contagious diseases than the much-advocated superstition known as vaccination, or the so-called preventive of smallpox. Perhaps it would interest those who are not acquainted with Mr. Spencer's opinion to know what he has to say on the subject of vaccination:

"When once you interfere with the order of nature, there is no knowing where the results will end," was the remark made in my presence by a distinguished biologist. There immediately escaped from him an expression of vexation at his lack of reticence; for he saw the various uses I might make of the admission.

Jenner and his disciples have assumed that, when the vaccine virus has passed through a patient's system, he is safe, or comparatively safe, against smallpox, and that there the matter ends. I will not here say anything for or against this assumption.* I merely propose to show that there the matter does not

*Except, indeed, by quoting the statement of a well-known man, Mr. Kegan Paul, the publisher, respecting his own experience. In his "Memoirs" (pp. 260-61) he says, respecting his smallpox when adult: "I had had smallpox when a child, in spite of vaccination, and had been vaccinated but a short time before. I am the third of my own immediate family who have had smallpox twice, and with whom vaccination has always taken."

end. The interference with the order of nature has various consequences other than that counted upon. Some have been made known.

A Parliamentary Return issued in 1880 (No. 392) shows that, comparing the quinquennial periods 1847-1851 and 1874-1878, there was in the latter a diminution in the deaths from all causes of infants under one year old of 6,000 per million births per annum; while the mortality caused by eight specified diseases, either directly communicable or exacerbated by the effects of vaccination, increased from 20,524 to 41,353 per million births per annum—more than double. It is clear that far more were killed by these other diseases than were saved from smallpox.*

To the communication of diseases thus demonstrated must be added accompanying effects. It is held that the immunity produced by vaccination implies some change in the components of the body—a necessary assumption. But, now, if the substances composing the body, solid or liquid or both, have been so modified as to leave them no longer liable to smallpox, is the modification otherwise inoperative? Will anyone dare to say that it produces no further effect than that of shielding the patient from a particular disease? You cannot change the constitution in relation to one invading agent and leave it unchanged in regard to all other invading agents.

What must the change be? There are cases of unhealthy persons in whom a serious disease, as typhoid fever, is followed by improved health. But these are not normal cases; if they were, a healthy person would become more healthy by having a succession of diseases. Hence, as a constitution modified by vaccination is not made more able to resist perturbing influences in general, it must be made less able. Heat and cold and wet and atmospheric changes tend ever to disturb the balance, as do also various foods, excessive exertion, mental strain. We have no means of measuring alterations in resisting power, and hence they commonly pass unremarked. There are, however, evidences of a general relative debility. Measles is a severer disease than it used to be, and deaths from it are very numerous. Influenza

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*This was in the days of arm-to-arm vaccination, when medical men were certain that other diseases (syphilis, for instance) could not be communicated through the vaccine virus. Anyone who looks into the Transactions of the Epidemiological Society of some thirty years ago will find that they were suddenly convinced to the contrary by a dreadful case of wholesale syphilization. In these days of calf-lymph vaccination such dangers are excluded; not that of bovine tuberculosis, however. But I name the fact as showing what amount of faith is to be placed in medical opinion.

yields proof. Sixty years ago, when at long intervals an epidemic occurred, it seized but few, was not severe, and left no serious *sequelae;* now it is permanently established, affects multitudes in extreme forms, and often leaves damaged constitutions. The disease is the same, but there is less ability to withstand it.

There are other significant facts. It is a familiar biological truth that the organs of sense and the teeth arise out of the dermal layer of the embryo. Hence abnormalities affect all of them: Blue-eyed cats are deaf, and hairless dogs have imperfect teeth. ("Origin of Species," Chap. I.) The like holds of constitutional abnormalities caused by disease. Syphilis in its earlier stages is a skin disease. When it is inherited, the effects are malformation of teeth, and in later years iritis (inflammation of the iris). Kindred relations hold with other skin diseases: instance the fact that scarlet fever is often accompanied by loosening of the teeth, and the fact that with measles often go disorders —sometimes temporary, sometimes permanent—of both eyes and ears. May it not be thus with another skin disease—that which vaccination gives? If so, we have an explanation of the frightful degeneracy of teeth among young people in recent times; and we need not wonder at the prevalence of weak and defective eyes among them. Be these suggestions true or not, one thing is certain: the assumption that vaccination changes the constitution in relation to smallpox, and does not otherwise change it, is sheer folly.*

I have quoted rather extensively from Herbert Spencer's "Facts and Comments,"† because this man was a recognized philosopher, and had shown by his erudition that he had been more capable than the statisticians in arriving at facts from accumulated data. It is one thing to investigate reports, and quite another thing to arrive at unbiased opinion.

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*A high authority, Sir James Paget, in his Lectures (4th ed., p. 39) says: "After the vaccine and other infections or inoculable diseases, it is, most probably, not the tissues alone, but the blood as much or more than they, in which the altered state is maintained; and in many cases it would seem that, whatever materials are added to the blood, the stamp once impressed by one of these specific diseases is retained." Here is a distinct admission, or rather assertion, that the constitution is changed. Is it changed for the better? If not, it must be changed for the worse.

†D. Appleton & Co., New York.

It takes larger men than average professional men to rise above partisanship—above the pettiness of creed and convention. It certainly takes larger men than those depending upon the paternalism of office to recognize truth when submitted to them in a lot of data requiring reasoning power and an unbiased perception for truth.

In writing upon such a pronounced partisan subject as vaccination, it behooves the writer to select the best minds from which to quote. This I have done, but, on account of limited space, I am compelled to limit the number to those mentioned.

I do not feel that anything I can say of my own personal experience can add weight to what I have quoted. Those desiring more evidence should read all of what Mr. Wallace says on the subject of vaccination.

I know that vaccination, and the theory on which it rests, are a medical delusion and are doing great harm. Only a short time ago someone, quite intelligent in other respects, canceled his subscription to the *Philosophy of Health* because he did not want to encourage my erroneous opinions on vaccination. It has become a religion with some people.

Those who would have normal children must understand that "strait is the gate and narrow the way that leadeth unto" normal "life, and few there be that find it."

"Beware of false prophets"—those who are *going to find* a germ that causes infantile paralysis, and a synthetic drug or serum that is to put the "kibosh" on the teachings of the Great Healer in his Sermon on the Mount, that "by their fruits ye shall know them. Do men gather grapes of thorns, or figs of thistles?"

Disease is the effect of broken law. "Every good tree bringeth forth good fruit; but a corrupt tree bringeth forth evil fruit." Parents who break down their health—

undermine their vitality—must bring forth children lacking power. "By their fruits ye shall know them."

Is there anything more absurd than to send a lot of scientists, with test-tubes, microscopes, and other instruments of precision, and with a battering-ram of $45,000,000, to tear down the truth which is as old as time, and against which "the gates of hell shall not prevail"? The victories they win are short-lived indeed. The corpse of one grand discovery is scarcely interred before the knell is sounding the passing of another; and we are told that these are all scientific discoveries, and, of course, *backed by the laws of our country.* Satire, surely thou dost perch on the banner of medical science!

> That byrd ys not honest
> That fylyth hys owne nest.
>
> —SKELTON.

CHOLERA INFANTUM

Definition.—Cholera infantum is an inflammatory disease of the alimentary canal that prevails in the summer months, and in some localities it is the cause of more dread and anxiety to parents than any other disease peculiar to childhood, because it is fatal to so many of their little ones between the ages of one and two years.

There are other diseases in the same class which should be known and understood; for, if they are not, they will be confounded with cholera infantum and cause unnecessary anxiety. They are called by various names, such as: gastro-intestinal catarrh, summer diarrhea, summer complaint, and gastro-enteritis.

If the disease is confined to the stomach, it is called gastritis; if it involves the stomach and the bowels, it is known as gastro-enteritis; if the small intestine is affected, without involving the stomach, it is enteritis: if there are copious discharges of mucus, the name applied is muco-enteritis; if the disease affects the large intestine,

as well as the small, it is called entero-colitis, ileo-colitis, or diarrhea; if the rectum becomes involved, it is dysentery.

When the disease is located in the large intestine and rectum, it is usually more inflammatory in character than when located in the stomach and small intestine.

Etiology.—The etiology or cause of cholera infantum is not one thing, nor a few things, but many things.

A predisposition to stomach and bowel trouble in infants is often laid during the gestation period. Mothers often live in a haphazard way, aping custom, as unconscious as fools that their every act, thought, and deed not only shapes their own lives and destinies, but also the lives and destinies of unborn human beings whom they are calling into existence without their consent.

Symptoms.—Cholera infantum is, as its name implies, cholera in infants. Its attack is sudden. There is great restlessness, accompanied by fever, the temperature ranging from 102 to 104 degrees Fahrenheit. Bowel discharges are accompanied with pain. To relieve these pains, the legs are drawn up to the abdomen. There is usually a bearing-down; the child strains more or less at stool, and gives expression of pain at each movement. Frequently, preceding the bowel movement, the child gags, or retches a mouthful of water or milk—the latter if there is any milk in the stomach. The sickness of the stomach increases gradually, as do all the symptoms, until the vomiting becomes frightfully severe; and by this time the child has lost all power to retain anything on its stomach. The emaciation is so rapid that the parents and friends give up all hope of saving their little darling after only a few hours of sickness.

The bowels are sensitive to the touch, and are filled with gas. In some cases the gas is a severe complication, because it increases the suffering, causes an acceleration

of the pulse and breathing, and a rise of the temperature. The breathing and heart action become greatly oppressed.

The thirst is extreme. This is often mistaken for hunger, and food is given—greatly to the detriment of the child. In fact, this is the cause of much of the fatality in this disease; it is here that the question of life or death is to be settled. The clinician—the real physician—fights a winning battle at this point; and it is here that the novice—the doctor who has his business yet to learn—ignominiously fails, and in his ignorance kills the patient.

The vomiting is frequently the first symptom; then restlessness increases every moment, and by the time the diarrhea is fully established everyone recognizes that the child is very seriously sick and is sinking rapidly.

The stools may be yellow or whitish-yellow, or tinged with green, at first. In a very short time they become a grass-green, showing white lumps of milk curd. There is an excess of fluid, and some gas. When there is much gas, it causes the stools to look frothy.

The disease may be severe enough to kill in twenty-four hours; or the symptoms may decline after the first twenty-four hours, and from this time on the child may convalesce. If the treatment and nursing are bad, the disease will pass into gastro-enteritis.

Cholera infantum proper is of twenty-four hours' duration. After that, if the disease is not cured, it assumes a more chronic type, such as muco-enteritis or entero-colitis. Digestion may be impaired for months.

Some authors give the duration of cholera infantum as from six to eight days. Probably they are just as near right from their standpoint as I am from mine, and, if we understood each other, we might be of one opinion.

After twenty-four hours, if the disease has not spent its force and the child is still alive, the bowel movements continue in frequency, and contain more mucus, and at

times specks or very delicate streaks of blood. The fever remains about the same. The thirst is consuming—the child will put anything into its mouth. The restlessness is marked by a rolling of the head from side to side, and throwing the arms and legs from one place to another.

Occasionally these cases start with convulsions, and quickly lapse into a stupor or comatose state, from which they gradually sink into death. Again, the stupor may be light, the eyes partly closed, and the child becomes more restless and cries at every bowel movement.

In the middle states, where the summers are hot, children who have suffered a severe run of gastro-enteritis, following a serious cholera infantum—and especially children who are cutting their teeth—are liable to have relapses, or to remain in a half-cured condition. They are neither well nor sick, and every few days, or every week or two, they are liable to a relapse, requiring several days of careful nursing to bring them back to their former half-sick state. The doctors of thirty to forty years ago did not pretend to cure these children; they congratulated themselves on being very successful if they could keep the little ones alive until the frost came in the fall.

The tendency in these little patients is to lose more and more of their digestive power, so that finally the least variation from accustomed food brings on indigestion. Many appear not to have power to digest enough to keep them from starving to death. It is not uncommon, in the warm states, to see veritable skeletons—children reduced to skin and bones—waiting for frost to come. But, unfortunately, death too often comes first.

This disease presents types all the way from an attack that kills in twenty-four hours to a very light attack of indigestion; and, while the different types are given names which enable doctors to understand each other when describing their cases, it may be said that, from

the lightest to the most intense form of the disease, taking on all the different complications elsewhere named, they are all the same. The difference is simply a matter of intensity and location; and, so far as the treatment is concerned, it must be based on a common etiology.

It is the duty of every nursing mother to keep her system in as healthy a state as possible. If the mother is not in good health, and she is the source, and often the only source, of the child's food supply, how is it possible for the child to be well? No one would knowingly use the milk from a sick cow; then why use human milk under the same circumstances?

Care of mothers.—If the children are fed from the breast, mothers should feel their responsibility and make any personal sacrifice necessary for the health of their children. To do otherwise is not human, and such mothers are unworthy of the responsibility of child-raising.

Overeating, and eating rich, indigestible foods, must not be indulged in. Eating should be regular, and the food should be plain, and thoroughly masticated and insalivated. There should be no eating between meals, nor drinking of tea, coffee, or light alcoholics, either for pleasure or for the purpose of increasing the flow of milk.

Every day the mother should rest and avoid all forms of excitement. She should go to bed at nine o'clock and get up at six; then have a nap of thirty minutes or an hour in the middle of the day. She should take enough exercise for health—either two or three walks daily, or some other form of light exercise, or light forms of housework. Idleness should be avoided; the mind and body should be employed all the time, but strenuous physical work should not be indulged in. Reading should be select: classical novels, history, biography, natural history, essays, and the better poets. All reading should be

of such a character as not to affect the emotions, and should be elevating and mind-strengthening.

Poise is what all mothers should be ambitious to attain; for then they may hope to impart the same qualities to their children. Mothers who have neither self-control nor poise need not hope to have a desirable influence over their children. It should be the ambition of all mothers to be successful in child-raising, and they should work diligently to know all that is necessary.

Feeding.—I advocate the feeding of children from birth three times a day—no oftener. Never through the night.

Since I differ so widely from the general plan of the profession, and the common practice of the people, in the matter of feeding young babes, perhaps I should give my reasons for so doing. Therefore I will say that, when I came out of college, I started to put into practice what I was taught by teachers and books. The frequent-feeding plan, and all other plans of caring for the little folk that were sanctioned by the best authorities, I adopted. My success, it is needless to say, was not satisfactory, or I should not have kept squirming about endeavoring to find a better plan. From the first patient I ever had to the last one, I will say that the nearer my treatment corresponded to the treatment I gave to young animals in my childhood, the better my results. As a small boy I had much experience with chickens, kittens, pups, rats, mice, and other animals. After storms I had many chickens to nurse back to life. It was no uncommon thing for me to rescue a chicken, a kitten, or a pup from the swill-barrel. To clean these animals, make them warm and comfortable, and nurse them back to full health, was one of the greatest joys of my child-life; and the experience I gained serves me to this day. I am free to confess that this child-experience was worth more to me, when I entered into the actual work of my profession, than all the knowledge I ever got out of books or lectures. This may

not be very complimentary to medical science, and some may jump to the conclusion that my medical education is sadly deficient. But what people may think cannot possibly change the truth of what I have stated.

What did my childhood experience teach me? It taught me two or three fundamental therapeutic measures that will stand as solid as the universe, and will never be supplanted nor extinguished until time is no more. Those measures are: *warmth, quiet,* and *abstinence.* Those little animal patients required a comfortable, warm bed, and quiet. I learned that they would not do well if handled. Then followed the *great lesson* which humanity is so slow to accept; namely: These little animals would not eat until all shocks, irritations, and fevers were gone. These dumb animal patients could not be forced to eat. I learned that, when they took nourishment, it was a sure sign that they were getting well. These little patients were not worried about "starving to death." They would not take anything but water until very much better. Then, when they could stagger to their feet and take a little food, the amount was so small that, to my boyish mind, it was almost the same as not eating anything. But the small feeds were followed by others a little larger, until full health and the usual hunger returned. Neither the patients nor their doctor worried about ingesting enough food to supply the proper number of calories and the right number of grams of protein.

I began to try to reason out why so many children should be sick and why so many should die. In the course of time, by close observation, I proved to my own satisfaction that there could be but one leading and all-dominating cause—and that was *overeating* or *overfeeding.* By easy stages I finally came to the conclusion that, if children are not handled—if they are left alone, as they should be—they will sleep about twenty-three hours out of twenty-four; and, if they are not disturbed, except to

make them clean and comfortable, they do not awake oftener than about three times a day. Hence I do not hesitate to say that three times a day is as often as a child should be nursed; for those who are fed oftener must be awakened to be fed. If they are awake and fretting, it is because they have been abused in handling and feeding, and are in reality sick.

Allow me to go on record in this matter as saying: If a child is awake and fretful, apparently demanding food every two hours or oftener, it is sick, and should be dealt with accordingly.

Preventive treatment.—The first signs that should attract attention are those of finding particles of curd in the child's stools. This should receive immediate attention. It is very foolish to wait for the child to get sick before doing anything; for, as surely as the feeding continues (without change) in the way that has brought on the appearance of curd, the child will be made sick. Many children seem to be quite tolerant of this symptom, and will remain apparently well, even after the bowels are very constipated, and every bowel movement is a cheesy mass—a white curd, showing almost no digestion. However, the evil day will come; and the longer it is in coming, the more difficult and tedious will be the recovery.

The question of how much to feed, and how often, will never be settled; for there will be those who advocate feeding every two hours, and others every three hours, and others every four hours. Still others will contend that the child should be given food as often as it will take it, while again others will insist that it must be fed as often as it wants it—which to them means every time the child is restless or fretful.

There is but one correct plan. It is impossible to say how much a child or an adult shall eat. The amount must vary in each individual case, and with each individual the amount must vary in accordance with the

state of health, the activity of the body, and the atmospheric and thermal changes.

If an infant is properly cared for from birth, it will not be awake oftener than two or three times—we will say three times—in twenty-four hours. This, then, I assume, is as often as nursing children should be fed. I have succeeded in influencing a few mothers to feed their babies according to this plan, and the results have been gratifying indeed. The children are smaller and very active, and much stronger and brighter than children fed in the ordinary way.

I am compelled to compromise with most mothers, and permit four feeds a day. Then the majority will slip in an extra feed at night; which, of course, the baby has to pay for with occasional sick spells.

Children fed three times a day will not be troubled with constipation, and will not have white curds in the discharges from their bowels. They may be given all they will take at each feeding, and they should have all the water they want between meals. Understand, please, that this feeding plan must start at birth, to experience the best results.

Those fed four times a day should have fruit for the ten o'clock morning meal. At what age should they be fed fruit? They are old enough to be fed fruit juices when they will take them with a relish.

Vegetable juices have been recommended in previous writings, but it is best not to use them before the second year—and not then unless there be a special requirement, which should be decided by the physician. Experience has taught me.

Children at three months of age should be taking three regular meals each day—at six o'clock in the morning, and at two and six in the afternoon—and a fruit-juice meal at ten in the forenoon. If the child refuses to

take the juice, it may be too acid; add water and try again, or try a fruit less acid. But as soon as it cultivates an appetite for the fruit juice, and can take enough to satisfy its hunger, it should have three regular nursings and one fruit meal each day. No child should ever be fed through the night.

If a child grows thin and really loses weight after the second week, it will not be an indication that it is not fed often enough, but that the mother's milk is deficient in some of the important elements, or that she does not give enough. If the latter, the child should be allowed to nurse its mother until it has taken all she can give; then follow immediately with one, two, or more ounces of cow's or goat's milk. If possible, have the milk brought from the animal and fed to the child while it is warm.

If it is proved that the mother's milk is, without doubt, devoid of proper nourishing qualities, or that it carries a taint of septic poisoning, caused by a suppurating laceration of the neck of the womb that is slowly healing, or possibly refusing to heal, the child should be unhesitatingly taken from the breast and put on other food.

The answer to the question, "How often should a child be nursed?" is, three or four times in twenty-four hours. "How much?" All it will take. If it takes too much, curd will appear in the bowel passages; then the amount must be lessened. If it does not get enough, the sign will be a gradual wasting—gradual loss in weight. This must be met by increasing the amount, not the frequency, of feeding.

Reduce the food intake.—As soon as white curds show in the stools, the child's food supply must be reduced. If it is nursing the mother or wet-nurse, allow it only two-thirds of the time at breast that it has been given before. If this is not sufficient to clear the bowel discharges of curd, reduce the time to one-half; and, when

the symptom has been overcome, gradually increase until it is taking the original quantity. However, if curds reappear, reduce the food intake again. If the child is taking milk from the bottle, treat it in the same way.

If the child is six months old or more, a very good plan is to give it the regular food night and morning, and at noon feed it fruit. Fresh blackberries are good. Run them through a fruit or vegetable mill, and then through a sieve, securing the pulp and juice without the seeds. Give the child all it will take. Grind pears, or other fruits that are not too tart. If lettuce is ground and mashed to a pulp, and mixed with fruit or tomatoes, it may be given to all children old enough to take it; and any child is old enough when it will take it and enjoy it. Such foods as this, given in the place of a regular meal, will strengthen digestion, and be antidotal to any tendency to fermentation.

When the signs of indigestion have been neglected until diarrhea is brought on, all feeding must be stopped at once. If there is fever, a warm bath should be given. Just before the bath the bowels should be washed out with a warm enema—a teaspoonful of soda in a quart of water. After the bath the child should be rubbed from head to foot, especially the spine; and then it should be induced to sleep, if possible. If there is thirst, give water freely. If the child is not satisfied with water and demands food, give some fruit juice in water. If there is no fever, give the blackberries or dewberries. If the berries are not to be had, give orange juice or lemon juice and water, using a very little sugar with the lemon, but not with the other fruits.

Keep other foods away until the bowels are all right, even if it requires two or three days, or even a week. Do not be afraid to keep food away from a sick child; for it will be getting well every minute that its regular food

is kept away from it, and it is given water if there is fever, or fruit juice or fruit if there is no fever.

The foregoing is as important advice as I shall give. If carried out boldly, decisively, uncompromisingly, and without wavering one iota, a cured child—victory—will be the reward. But if those in attendance are lacking in courage, and waver or compromise by allowing "just a little" food before the symptoms that demand the fast are cleared up, failure is sure; and, of course, the plan of treatment will be made responsible for the lack of courage, skill, or efficiency in carrying out the instructions.

My plan of treatment cannot fail. If those who undertake to treat the sick according to it fail to secure ideal results, it will be because they do not understand it, or because they lack tact in securing the co-operation of those interested, or they do not feel the need of being thorough.

Preparatory treatment—the sick-room.—The following advice regarding a separate room for the sick child cannot be carried out by many people; but when it is possible it should be done. Quiet must be had, even if children have to be sent away from home.

The first thing to do, when a child falls ill with this or any other disease, is to prepare a comfortable bed, in a room as far away from the busy, noisy part of the house as possible; also as far from the street, its dirt and noise, as can be. The room should be light and airy, and provided with a fireplace, so that the chill and dampness of a contingent rainy day may be overcome by a quick fire. The room must be one that can be thoroughly ventilated, and the windows must be wide-open day and night. See to it that the windows are not placed so that the gas from the neighbor's vent-pipe—what is called the "soil-pipe"—blows into the room. It would be well if the walls of the room were plain. When walls are decorated with figured

paper, nervous patients are inclined, when the temperature is high and the circulation rapid, or arterial pressure strong, to build in their imagination fantastic figures, which may lead a vivid imagination into more and more excitement, until co-ordination is lost and convulsions ensue.

There should never be more than one person at a time in the room with a sick child. If possible, the mother should not be the nurse of her own child. The rule is that strangers can handle sick babies better than mothers can. This is especially true where the child is fed from the breast. It is an unfortunate fact that the majority of mothers are poor nurses. And there is another unfortunate fact to go along with the first fact; namely, that these same mothers really believe they are good nurses.

There is a foolish sentiment held by some mothers. They think that turning their babies over to a nurse shows a lack of motherly love. On the contrary, I think it shows a lack of good judgment when they do not.

From the beginning to the end of the sickness one person should have charge of the child. If a nurse is employed, or the mother is to take charge, the matter should be definitely settled. Where there are several to look after the nursing, and no one in particular, many things are neglected, and there is more or less confusion; besides, there is often too much talking in the sick-room.

To take proper care of a sick child requires all the time of one person. If the nursing is started right, and kept going in the right direction, the nurse will have all the time for sleep she needs, so that it will not be necessary to have a nurse for the day and one for the night.

It is impossible to take the proper care of a sick child when it is in a living-room, or in a room opening into a living-room; for there is too much noise, talking, and ex-

citement generally, all of which are opposite to the first requirement of a cure—namely, *quiet.*

When anyone goes into a sick-room, it should be done so carefully that, if the child is asleep, it will not be awakened. Talking, when any is done, should be in an undertone. Whispering is much more annoying than a low, natural tone.

Visiting in the sick-room is low, ill-bred, and vulgar. There is no other situation that tests true politeness so surely as the sick-room, or the house in which there is sickness. The coarse, uncivil, and ill-bred go stamping about like blind horses. If they have anything to say, they say it at the top of their voices; and when they walk, or go from room to room, or up and down stairs, everyone in the house knows it. If they handle a book or paper, they get all the noise out of turning the leaves that is possible.

It should be the desire of everyone about a house in which someone is sick to be as still as possible.

The sick must have rest. Often it is a question of life or death.

The patient's bed-dress.—The child should have several very simple garments made for it out of muslin or linen. They should be made on the order of a coat, to open in front, and in place of buttons a short piece of tape should be sewed every three or four inches on both sides, three or four inches from the edge. They should reach six inches or more below the feet. This garment will be very easy to put on. Open it; lay it on the bed so that its relation to the pillow will be such that, when the child is laid down with its head on the pillow, its arms may be slipped into the sleeves, and the tapes brought together and tied; and the child will be dressed without being unnecessarily handled.

I have seen very sick children in full dress. Parents of such children have very crude ideas of comfort, and common-sense in all lines appears to be at a premium.

Those who are used to the modern practice of medicine, with its doping, feeding, and ridiculously officious nursing, will think that my plan is criminal neglect—that I do not do anything. Never was there a greater mistake than to think so! When my plan is adopted at the beginning of any disease, it means the most potent and iron-clad prohibitions and inhibitions; and, if carried out in a positive and exact manner, success is a foregone conclusion. My plan says to a disease process, such as we find in the disease under consideration: "You have had your way until now. From this time on you are to obey me. It is true that you have a potentiality amounting to something—much or little, as the case may be; but it is not enough to continue your work for more than twenty-four to forty-eight hours, or whatever time is needed for you to spend what force you have without reinforcement. And this I absolutely refuse to permit you to have. You shall not renew your energy or supplies from any direction. You shall not have food out of which to manufacture poison. Hence you cannot replenish your stock, which you are fast expending. And you shall not be assisted by anything that disturbs and breaks the rest of the patient, such as officious nursing, unnecessary anxiety of parents and friends, bad air, and, neither last nor least, stimulation, irritation, and depression from drug action."

Indeed, all this may be said to the disease process; and it is not bluff nor bombast, for it can be done in exactly that way.

What do I mean by "officious nursing"? I mean that nurses are trained to get busy and stay busy. They catch the officiousness from doctors. The profession has evolved a trade habit. There is no poise nor dignity about the

practice of medicine. The doctor is sent for. Of course, he is told to come in a hurry, and he does. He hurries to the patient, hurries through a perfunctory examination, hurriedly prescribes, and is hurriedly gone. The nurse gets busy and keeps busy. If she permits more than thirty minutes to pass without putting something on her record, she feels that she has not done her duty. She must have something to show when the doctor returns. To fill this requirement, there must be something doing. She cannot make a report of any kind every thirty minutes without disturbing the patient more or less; hence the program is about as follows: First she gives drugs; then she follows with nourishment; next she counts the pulse, takes the temperature, puts on a poultice, fills the hot-water bottle, rubs the abdomen, examines the tongue and reports on it, asks solicitous questions at all times, examines the skin for moisture and then for dryness, or sees if it is red; she interpolates everything with her perambulations around and around the room; she tucks the bed-covering, adjusts the pillow, and much too often frustrates every effort of the patient to get a little comfort and freedom by throwing the cover off and freeing the feet and hands. Every attempt of the little sufferer to get freedom is met with an insistent tucking-under, *because there is danger of catching cold.* Nature is a fool. She should consult the modern doctor and nurse before making any demands!

Nursing often amounts to eternal vigilance of an offensive character that robs the patient of all opportunity for rest. Nurses often make the mistake of believing it their duty to be everlastingly and eternally in evidence. But they are not to blame; they are taught to do as they do; hence it is the nursing profession I am criticizing—not the good women who are deluded into believing that killing people is nursing. Such nursing, with the usual

feeding and drugging, puts the sick in a state of nervous excitement that drives away all possibility of sleep.

If there is not much the matter to start with, such treatment will make much the matter in a very short time. When disease is treated right, it is on the order of laying siege. The idea should be to cut off all possible reinforcement; and then there is not much to do except to keep quiet and wait for the enemy—disease—to starve out.

The first part of an attack of disease generally does not amount to much. Possibly not more than one-tenth of one per cent of all attacks of sickness are so virulent at the onset as completely to overwhelm the patient's resistance and cause death. The majority of attacks of disease are so light that the patients will recover in spite of almost any ordinary bad treatment. Because of this fact, the world is full of fake cure-alls and visionary curing systems. But between the insignificant percentage that will die in spite of all, and the large percentage that no illogical curing plan can kill, there is a small percentage which needs skill. The skill required is the skill of aiding nature and removing obstructions to her efforts at recovery. Hence I say that there is little to do; but that little is, as stated above, iron-clad prohibition and inhibitition, and it consists of: *Do not feed the disease, and do not tear down the body by drugs and such nursing as I have described.*

Encouragement is always good treatment; and babies must have a great deal of rest and very gentle care. The voice of the nurse must be low and gentle.

Rubbing very gently with the open hand is something that should be kept in mind; for it is beneficial to all sick people.

If the child is dressed as suggested above, it is an easy matter to slip the hand to the bowels, or back, and rub very lightly until it sleeps. The rubbing should be a circular motion, with the ball or heel of the thumb represent-

ing the center of pressure. As the circle is made and the hand sweeps across the spine, the ball of the thumb is pressed gently, and, as the hand comes back to the starting-point, the pressure is removed, so that there is a slight contact of the hand with the child's body. The circle is then started again. This time the hand drops an inch or two below the previous starting-point. This is repeated till the hand has traveled to the end of the spine. Then slip the hand back gently, but quickly, to the top of the spine or neck, and repeat. When this motion is perfected, the rubbing is so quieting that most patients can be put to sleep in ten to twenty minutes.

Just as often as the sick child is restless, it must be rubbed. The first day or two it may need to be rubbed half the time, but all concerned may congratulate themselves that no harm is being done. As much cannot be said of the usual means employed to bring about quiet and sleep.

When the temperature is above 103 degrees Fahrenheit, and the patient is very restless, ice should be pounded fine, put in a rubber bag, and the bag laid on the abdomen, after a towel has first been placed so that it will be between the abdomen and the ice-bag. The ice should be kept on the bowels until the temperature goes down two degrees—down to 101. Then, if there is distention from gas, and evidence that there is much tenderness, a hot-water bag may be placed on the abdomen. Care must be exercised in making these applications to the abdomen; the bags of ice or hot water must not be too heavy; in fact, they must be just as light as they can possibly be made to be effective. Every time these applications are removed or changed, the abdomen should be rubbed thoroughly five to ten minutes—always being governed by the results. When rubbing appears to bring quiet and comfort, continue; but when there are signs of discomfort, it should be discontinued for the time, and resumed later.

When the bowels are distended with gas, the rubbing must be very light; otherwise it starts peristalsis—bearing-down bowel pains.

If there is great thirst and the stomach is sick—sick to the extent of throwing everything up soon after swallowing—it will be well to put two or three ounces of warm water into the rectum every two or three hours, with a fountain syringe. By doing so the consuming thirst which some of these little patients suffer will be relieved, and they will be made comfortable.

So long as there are any signs of sick stomach, not a spoonful of anything is to be swallowed. All the water necessary for controlling thirst can be given by enema. For this purpose there is nothing better than the ordinary fountain syringe—the piston or the bulb syringes are not suitable for babies. Two or three ounces of warm water is quite enough; more would excite bowel action and expel the water. The bowels may possibly be so irritable that a smaller quantity of water must be used. When the rectum is involved and there is dysenteric straining at each bowel movement, very little water can be retained. In that case recourse may be had to applying wet cloths to the bowels, or an occasional tub bath, if these measures are not already being used for other purposes.

When the stomach is settled, there is no reason why the child shall not have all the water it will take. A bottle with a rubber nipple should be used for this purpose. Young children can take water better in this way. Some people are afraid to give sick babies all the water they want. This is a mistaken idea.

After the disease is under control, the sick stomach and fever are gone, and convalescence well established, it is then that real dietetic skill is required. If the child makes a complete recovery, and there are no sequels, such as a sensitive stomach, tendency to relapse or to have

bowel trouble, either constipation or diarrhea, or a general run-down and anemic condition, it will be due to the fact that its parents have learned how to care for it, and have followed instructions. Negligence in the care of the child, after it has been very sick, will cause it to linger and occasionally have relapses, and death is not infrequently the penalty.

The first and most important thing to look after is the food. If the child is nursed by its mother or a wet-nurse, the health of either is of first importance.

So long as a child has fever, and the bowels continue to run off, or there continue to be frequent bowel movements, it matters not of what character, no food of any kind is to be given—positively nothing but water; and if there is any doubt about the purity of the water, give the child the benefit of the doubt, and boil all the water used. It is not a good thing to give the child ice-water. However, so long as the fever is high and the patient is very restless from the heat of the body as well as from the weather, the boiled water may be kept in a refrigerator and allowed to get as cold as it will, and be given to the child at this temperature, if it will take it. Very young children will refuse quite cold water. When they do, they should not be forced to take it by withholding water of a higher temperature; for the thirst will become so great that they will take anything. I have been called to see children in great distress, made so by parents, nurses, and sometimes doctors, mistaking a consuming thirst for hunger, and, in their kindness and sympathy, they have been, as they supposed, gratifying the child's hunger by giving it great quantities of milk; and the more milk, or nurse, given under such circumstances, the more fermentation, fever, restlessness, and bowel action there will be; and, of course, the more thirst.

Food never relieves thirst. When food is given with the mistaken idea that the child is demanding it, the dis-

ease grows more intense all the time; and if the mistake is not corrected, the child will most positively be killed.

Nature is frequently frustrated by the kindly meant but killing offices of ignorant nursing. Feeding to relieve thirst is one of the commonest errors, and is really the cause of the large mortality in diseases of children.

It would be well for those who minister to sick babies to understand the meaning of some of the most pronounced symptoms. It is impossible for anyone to meet and combat a given symptom or condition intelligently in the sick-room, if he does not understand its cause.

Fever usually means fermentation—it means that there is a mass of ingesta that is not digesting, but in truth is absolutely rotting; and, because of this rotting, there are set free poison products which, being absorbed, poison the whole system. The efforts of the body to repel and expel these poisons are marked by general excitement. The nerve centers lose control; co-ordination being lost, organic functioning is either perverted or suspended; the skin fails to radiate heat, and, as a consequence, the body becomes surcharged with heat; and, as heat increases, the heart is stimulated into greater activity. All this increased activity is an indication of lost power, rather than an indication of strength. Fever may be likened to impotent rage; for it is not only warring against an invading foe, but it also consumes the body for which it fights.

Those who have to do with fever should understand that it is the result of poison; and if the poison is not septic (coming from pent-up wounds—wounds prevented from discharging either by poor drainage or by retaining dressings), or pyogenic (caused by pus being forced into the circulation because of imperfect drainage of abscesses), it must come from food poisoning (food taken into the stomach and bowels, which for some cause is not digested, must break down and decay, and the

fluid decay is absorbed and poisons the system). Hence it is necessary to determine whence the poisoning comes, and proceed at once to prevent further poisoning by doing away with the causes.

How long should an attack of disease last? Until the cause is removed and its effects overcome. The reader should bear in mind that the immediate cause of all physical derangements of this character is the poison generated in the undigested material in the stomach and intestines at the onset of the disease, and *the disease must end when that material has become exhausted,* UNLESS MORE MATERIAL IS ADDED.

Why did the food that caused the disease decompose and furnish poison, instead of digesting and furnishing nutriment? Because the child had lost its digestive power—its bodily resistance had become temporarily impaired. If, then, the child was sick because it could not digest the food, what kind of logic or reason is it that ordains feeding under such circumstances? What is to hinder every teaspoonful of food, given under such circumstances, from becoming poison? There is nothing to hinder. In truth, that is exactly what takes place; and it is the cause of a simple, short disease being converted into one of the most formidable and destructive of all diseases met with in the human race.

This disease, as well as all other diseases to which man is heir, is self-limited, and, unless the feeding, nursing, and medicating are especially bad, it will run out in a very short time.

It appears impossible for all physicians to accept the fact that nutrition is always suspended when the body is suffering with pain or fever, or when laboring to keep a threatening foe from gaining entrance to the blood, such as we see when the child is vomiting and purging—nature's effort at throwing out an ingested meal that meets with a pathological fermentation instead of physiological

fermentation. Instead of absorption taking place, this life-preserving process is reversed, and the serum of the blood is poured into the stomach or bowels, flushing this decaying material out, and causing the life-preserving process of vomiting and purging to take place, which expels the poison from the body.

When these little patients are fed by ignorant mothers and doctors, this bleeding, as it were—this great pouring-out of the serum of the blood, in its endeavor to wash back and keep the poison from getting into the blood—soon exhausts these tender little patients. That is the reason why these cases melt away so fast. Mothers, if you would save your babies, stop feeding them until they are well!

Treatment.—The treatment for cholera infantum must be the same as the treatment for any other disease; namely, meet the requirements.

Formulary or routine practice will do for people possessed of child-minds, but the educated man—the philosopher—must first know the principles and laws of life, health, and disease; and then he is ready to treat any deviation from the normal—from the physiological. Names mean nothing. A real physician cares nothing for the name "rheumatism," "typhoid fever," or "cholera infantum;" for the name really carries no significance. What is wanted is to know the patient, his environment and habits; the rest unfolds as naturally as the colors play when we have the raindrop, the sun, and the crystalline lens of the eye.

The history, and the many causative influences and symptoms that have been pointed out in the preceding chapters, all carry suggestions that are food for the thoughtful mind.

The reader has learned, long before reaching this page, that there is no such thing as *a* disease and *a* cause for it. There are causes galore, and an almost endless variety of

diseases; but the idea that there is a cause, single and individual, that can be taken hold of and drugged and made an end of, is too childish and impossible to waste thought on.

I would have my readers learn very early that disease will end when people cease to build it.

In the matter of cure: Nature alone cures, and she is at it just as long as there is life. All that the physician can do is to instruct the sick how to cease building their diseases, and nature will soon do the rest. This is true of the diseases peculiar to the little, innocent, sick babies, a treatment for which is about to be offered to mothers and doctors.

Cholera infantum is the name of a disease whose horrible symptoms—nausea, vomiting, and running-off at the bowels—are characteristic. But what does it mean? Poison! Poison? How could a little baby be poisoned? You know the etiology has been gone over, but the immediate precipitating causes are thermo-athospheric and dietetic. Many children come into hot weather with a slight catarrhal inflammation of the stomach and intestines. If there is not a catarrhal condition, there is an irritable state of the mucous membrane. Most of these children were incumbered with too much weight when born; and they have been fed too often, and kept in such a vulnerable state that all they need to precipitate a cholera infantum is the enervating effects of a few weeks of hot weather; then a feed or two of milk that has gathered from the nursing-bottle, nipple, or some other container, in its travel from the cow to the children's stomachs, a little ferment (bacteria, if you please); or the fermentation may have started in their stomachs or bowels, or both. The children were prenatally overfed; the overfeeding has continued since birth, and their stomachs and bowels have become more or less inured to the common

fermentation; but the thermo-atmospheric change peculiar to hot weather has added a virulence to the ordinary fermentation which has carried it over to decomposition. Whether the decomposition that has set up this whole train of morbid symptoms is from without or from within —generated on the outside of the body or generated within—does not alter the fact that the poison is there, and is now threatening an invasion of their bodies.

It must not be forgotten that poison, or anything else that is in the bowels, is still on the outside of the body; before it can get into the blood it must be taken up by the absorbents. And what we see here—all these symptoms which we call disease—are the throes of this tiny baby's body in a desperate struggle to resist the entrance of poison into its blood. The lay reader must give strict attention to this explanation; for, if the symptoms of this disease are understood, the character of all diseases will be better understood.

The vomiting and purging are not enemies; they are conservative measures; they expel the poison; and these symptoms are aided by a large pouring-out of fluid. Instead of the absorbents taking up the fluid, the serum of the blood transudes into the stomach and bowels. This aids in diluting and rendering the decomposition innocuous, and at the same time furnishes enough fluid to render the vomiting easier, and very greatly aids in flushing and clearing the entire alimentary canal of the poison that has created so much trouble.

It should not be forgotten that our bodies in health are potentized with immunizing power, and to a certain extent we can render innocuous deleterious agents taken into our alimentary canal along with our food. The gastric and intestinal secretions attend to this for us every day of our lives; but when we live wrongly, overeat or eat the wrong food, and break down the resistance and

take on a quantity of decomposition greatly in excess of the immunizing power of the digestive secretions, and the destruction of our bodies is threatened, there is a general halt ordered. Metabolism, so far as construction is concerned, is suspended, and it will not be resumed until it is safe to call off the defensive forces.

The first prescription will be: Stop giving anything except water; and feeding is not to be thought of until the child is quite well. So long as there are restlessness, fever, and frequent watery stools, the child is laboring to throw off the poison, and it is positively murderous to feed. Any professional or non-professional who has read the foregoing, and will consent to feed before all ferment is out of the child's alimentary canal, is an incorrigible, and should not be given the care of children.

If there is vomiting, positively no water is to be drunk. To relieve the thirst, a small amount of warm water may be put into the rectum with a fountain syringe—say, a half-pint every three hours.

A wet cloth to the abdomen will help relieve the thirst and quiet the nervous irritation in the bowels. Proceed as follows: Wet a small towel in warm or hot water, or wet a fold of absorbent cotton; place it on the abdomen, then a piece of oiled silk or thin sheet-rubber over the cotton, and then a dry towel binder over all. This application will not need to be changed oftener than night and morning; for the oiled silk holds in the moisture and prevents wetting of the clothing and bed-covering. The wet application relieves the thirst as well as the nerves. The thirst is due to the great pouring-out of the water of the blood into the bowels, which passes out with each movement of the bowels. It is hard to relieve when the stomach is involved with the intestines in the sickness; for when both are engaged in throwing out the fluid for neutralizing the poison and washing it out, this waste of the fluids of the

body is exhausting. It is not reasonable that these organs can be performing two functions at once, especially when the two functions are antipodal. There is no way, of which I have any knowledge, of going north while traveling south; and while the mucous membrane is transuding it cannot be absorbing. That is, it is not possible for my patients to perform such Hindu tricks; but dear old orthodoxy is filled with all sorts of antitheses traveling amicably together while going in opposite directions. It is enough to cause the brain of common folk to whirl and grow giddy, but there is nothing like it when one becomes used to it.

So long as order reigns, it should be assumed that, when the stomach is engaged in expelling an enemy, and exuding fluid for that purpose, it cannot be absorbing; and I shall lay it down as a fundamental principle on which to act, that, when vomiting is going on, water should not be given. If water is kept out of a sick stomach, that organ will succeed in coating the mucous membrane with a thick, tenacious mucus, which acts as a protection, and if it is not washed off, the irritation of the mucous membrane will soon subside.

The process is as follows: At first there is irritation, which causes a pouring-out of the serum of the blood; this washes away the poison, which is the cause of the irritation, and at the same time a thick, tenacious secretion is being exuded, so that, when the thin fluid floats or flushes the decomposition off, the tenacious secretion covers and prevents the poison from coming in contact with the mucous membrane. The irritation that causes all this secretion is interpreted by the patient as thirst; and, of course, there is thirst; but the more water given, the more irritation there must be; for it cannot be absorbed, and it interrupts the process of protecting the mucous membrane, as explained above. The water must be expelled

by vomiting, and the vomiting further irritates and removes the mucous protection. If the *modus operandi* is understood, no one will be foolish enough to make the sick more uncomfortable. It should be remembered, and it should become popular knowledge, that a sick stomach should not be further irritated by giving water; for the water cannot be absorbed, and if it could be, it would not be desirable.

In all sick stomachs, especially in typhoid or cholera infantum, there is an irritation due to the bad effect of decomposition. The nausea and vomiting are a conservative measure, and, rightly interpreted, mean, as explained above, a suspension of absorption and a pouring-out of the water of the blood and other secretions for the purpose of immunizing and flushing. There is thirst from loss of the fluids of the body, but this thirst is difficult to satisfy. There is a bad taste in the mouth, which sometimes causes the patient to refuse to drink, in spite of the thirst. Repeated attempts at drinking meet with failure, and the patient, if not a baby, expresses surprise and impatience at his inability to drink, when his desire is so strong. This is self-protection—nature endeavoring to keep water out of a stomach that is busy fortifying against the invasion of the blood by a poison. When the taste can be tempted by pleasing flavors, and the guard—the bad taste—be inveigled into allowing something to pass into the rebellious stomach before it is safe to do so, there is but one result, and that is, more sick stomach and more vomiting. Hence it is well to remember that, when water tastes bad, it is nature's sign that it will be detrimental to drink it until the stomach is ready to receive it; then it can be taken with comfort and pleasure. In the meantime water may be given by the rectum; for in the early days of this sickness the lower bowel is not involved, and if the disease is controlled as it should and can be, it will

never become involved; hence it will take water. But if later the rectum becomes involved, the stomach will be better and can take water.

When those who take care of the sick can be made to believe, and will then remember, that an inflamed mucous membrane will not absorb anything until it is well, or if it has lost a portion of its mucous surface by sloughing—from necrosis due to whatever the cause may be—they will be in a position to aid nature, or at least not obstruct her by giving water, food, and drugs. If water only is given, it must come back; and the longer vomiting is kept up, the more irritation and danger there is of sloughing. This applies to the bowels as well as to the stomach; for if the water is not absorbed by the stomach, it must either come up by vomiting or pass through the pylorus and cause the bowels to run off more than they otherwise would. Food of any kind acts the same, only worse. When the nausea and vomiting are gone, all the water desired may be given; for it will be taken up by the stomach. But food must not be given until the diarrhea is gone; for the bowels must aid digestion, and they will not do so as long as there is inflammation. If food be given, there is danger of a sloughing of the mucous membrane; then absorption of decomposition will take place, and a septic poison will enter the blood, which is liable to kill quickly; for the child cannot resist this state so well as grown people, and even grown people die of such absorption.

If readers are convinced of the reasonableness of the suggestion: *Do not feed until all symptoms of disease are gone,* I shall feel satisfied that I have accomplished something worth while.

Next will be considered the various phases of this disease that are liable to develop after the children have been treated in the usual way.

When the disease first begins—it does not matter what the symptoms are: Stop feeding; wash out the bowels; give a warm-to-hot bath; keep the child quiet, use applications to bowels; rub the body all over with the open hand often enough to quiet the child and secure rest. Keep the child in a room with its nurse; a third person must not be in the room; there must not be talking in any sick-room, nor in adjoining rooms near enough to be heard. The bowels, until cleaned out, should be washed every six hours; after that once a day until well. If there is no nausea, give all the water the child will take. *Keep the feet of all sick people warm.* Those who have to do with cholera-infantum cases, or any kind of baby sickness, must *keep the children's feet warm.* I have seen the little folk *dying in the hottest weather from lack of artificial heat.* Children treated on this plan will not become so very prostrate; for their sickness will not last long enough.

When a child is fretful, not sick and not well, reaching for everything, refusing everything, taking only a drop of water, begging to nurse, take it to a quiet room, darken by drawing the shades, remove its clothes, slip on a loose bed-dress, and put it in the bed; and, if necessary, the nurse or mother should lie down by it, and slip a hand on the bowels and rub it lightly for some time; then rub the back. It will not be long until the child's nerves will be quiet. If it still keeps restless, give it a warm-to-hot bath, and continue the plan outlined.

If the child does not quiet down and get to feeling well soon, or as soon as parents wish, it is because the derangement is too severe; it requires more time. Rest assured that there is no treatment so sure, safe, and speedy; and if a patient lingers under it, it proves that the disease is a severe attack, with a badly run-down condition of the system. It may take three days and nights before the child is ready for food; but if it is not ready at

the end of that time, continue the fast for another twenty-four hours, and even another, if such heroic measures are necessary. Do not lose all the benefit the fast has brought by feeding too soon and forcing a return of the decomposition.

When the temperature is 103 degrees Fahrenheit, the bath should be started at a temperature of 90 degrees, and gradually increased to 100 degrees. The length of time the child is to be kept in the bath must be in keeping with its needs and resistance. It should be watched; and if it appears to grow comfortable, the nervous symptoms subside, and the temperature declines, the bath should be prolonged to one-half, three-quarters, or even a whole hour. If the child shows by its actions that it is growing more comfortable all the time, no harm can possibly come to it by prolonging the bath to complete relaxation; after which it should be taken to an airy room—no drafts—placed on a soft bed or pillow, and lightly covered. It should not be annoyed by putting even a loose gown on it until it has rested from the bath, unless fortunate enough to have the bed-dress heretofore recommended. If it can sleep, see to it that there is absolute quiet, so that the sleep will not be disturbed.

It is necessary to secure all the rest and sleep possible for these little patients, but not by administering drugs—never! Millions of them have been sent across the Great Divide by a vain endeavor to force rest and sleep by the administration of drugs supposed to act in this way.

It is criminal to give anything in the drug line to quiet patients at any age, but especially is this true in infants; for infants are characteristically susceptible to the action of such drugs, which always act detrimentally.

If these drugs were not *per se* detrimental in their action, they should not be thought of in the treatment of infants; for it should be understood that children will not

be sick unless they are made sick. Hence, instead of hiding their pain for a very little while by giving a palliating drug, the physician whose advice is sought should reason thus: "The child cannot be sick from any cause except food; for it is not exposed in any other way; hence the restlessness and suffering must come from digestive disturbances. I will stop the food entirely, and give warm baths often enough to remove all pain." This is the proper reasoning, and the treatment has no equal.

The pain-killer and life-saver, first, last, and all the time, is to stop food, and *keep it stopped* until the victory is won.

There is nothing so conducive to sleep as absolute quiet. That is the reason I lay so much stress on isolation and restricting the nursing to one person.

When the child is very sick, with blanched countenance and almost imperceptible breathing, slip the pillow out from under the head; elevate the feet, if possible without disturbance; place artificial heat all around the body; secure plenty of air, and let the child alone. Further treatment than this is malpractice.

The case with high fever must have the bowels washed with warm water and soda—a teaspoonful of baking-soda to the quart of water. Wash the bowels before and after the bath. Allow the child to rest for an hour after the bath before washing the bowels. When from appearances the bowels are pretty well cleared out, stop the enemas, as they are weakening. Use enough water in the bowels to relieve the thirst—say, a half-pint every three hours. This is to be continued until the stomach can take it.

All cases with very high temperature—say, 103° F. and over—must be kept in the bath just as long as it appears to be relieving—not, however, to exceed an hour. Then they are to be put to bed, and all the instructions given heretofore are to be carried out. If the temperature is at

103° F. or above, after leaving the bath, put ice to the abdomen, heat to the feet, and keep the child quiet—*absolutely quiet.*

The collapsed case must be kept very quiet and warm. Enemas are exhausting; do not use them; do as near nothing for the child as possible. If it appears to go down, put it in blankets that have been previously heated. Do not do this in a shilly-shally manner. *Toast the child!* See to it that it is just as warm as it can be made, not to burn it; and do not forget how necessary it is to have fresh air and absolute quiet. If it revives and warms up, remove the covering, a little at a time. See to it, however, that it has no chance to grow cold. Bear in mind that infants have very little power of resistance. After a shock of this kind, with a sudden reduction of the fluids of the body, their life-forces are running very low, and every time they are moved, it matters not how gently, it costs them nerve power.

What else is there to do? If there is an indication of thirst, put two ounces of water in the rectum with a fountain syringe every three hours. Positively nothing else until full reaction is established and all indications of sickness are gone. How long it will be I cannot say; each case of this kind is a law unto itself, and will have to be treated accordingly. Feeding will begin when all symptoms of disease are gone. At first, fruit juice in water.

A few cases have convulsions. The treatment need not differ materially. Much may be expected from the bath, and it must be pushed to complete relaxation. First of all, in convulsions at any age and from any disease—with the possible exception of certain heart complications—the bowels must be cleared out by copious enemas of warm water; then to the bath, starting it at 90° F., gradually increasing to 100° F. But if the symptoms are not ameliorated, or the muscular rigidity increases, gradually

increase the temperature of the water to 105° F., and hold it at that temperature for five or ten minutes; then increase to 110° F., carefully watching the pulse and breathing. If either shows a tendency to fail, and there is relaxation of the muscles—a complete subsidence of the convulsions—remove the patient from the bath and make it comfortable in bed, with heat to the feet. If the muscles stay rigid, and other symptoms indicate a continuance of the convulsions, continue the bath to full relaxation. If symptoms of convulsions return, put the patient in the bath, and do as before, repeating as often as necessary until there is no more return.

Treating convalescents.—When the disease is fully controlled, it will be known by the following changes; namely: The bowel discharges lose their disagreeable odor, and the color changes from green, mixed with mucus, to a normal color and proper consistency; instead of being indifferent to all that is going on around it, the child notices—shows interest—and is much more easily taken care of; it sleeps well, and has ceased to whine and find fault with every effort made to please it; and the fever is gone. When the foregoing signs of returning health are present, the child may be given a little fruit juice for one or two days. Blackberries are a splendid fruit for sick babies. They should be prepared as directed elsewhere. A sweet cherry—the Washington, or California dark-red that is on the markets of most cities—is about as nice as the berry. There is no objection to the juice of sweet oranges. Peaches and pears are allowable when fine.

After two days of fruit juice, three times a day, if everything is moving along satisfactorily, on the third morning the child should be given one-half of a feed of the food to which it was accustomed before it was taken sick. If it has been nursed by its mother up to the time of taking sick, and she lost her milk during the child's

sickness, it will be necessary to select an artificial food. If a wet-nurse is not to be had, use the milk from a healthy cow—if possible, from a cow that is cared for properly—and secure the milk fresh from the cow at each feeding; or, if a goat can be had—one that is properly cared for—take her milk fresh at each feed. Give what would be half a feed, and have the rubber nipple perforated, so that the baby will have to work for what milk it nurses from the bottle. If the milk comes too fast, the child will not have occasion to work the tongue, jaws, and cheeks enough to generate the amount of saliva necessary to secure good digestion; and, besides, the working of the tongue, jaws, and cheeks stimulates gastric as well as intestinal secretion.

If the milk flows through the nipple too easily, it may be well to stuff it with a little aseptic lamb's wool. The wool may be thrown away after each nursing, or it may be boiled and thoroughly cleansed.

Milk should be prepared according to instructions elsewhere to be found in this book.

In the morning of the third day the child should have one-half of its accustomed food. If it has been fed on its mother's breast, and now must change, and it is six months old, it should be given two and one-half ounces of milk and one-half ounce of water. If it is a year old, it should be given three and one-third ounces of milk and two-thirds of an ounce of water for the first feed; then fruit juice for the other two feeds for the third day. If all is well on the fourth day, give the same amount of milk for the morning meal, and the same for the evening meal, and at noon the fruit juice. If all is well on the fifth day, give the same for the morning meal; at ten o'clock a feed of fruit—all it will take without urging; then at two and at six o'clock the same-sized meals of milk.

Three feeds a day is sufficient; but if the parents insist on feeding four times a day, they are permitted to do so with children under eight months. However, if the convalescing child is a year old, one of those feeds should be fruit. At the beginning of the second week of feeding, increase the amount of milk one-half ounce each day, until the child is taking all required.

If the child feels bad at any time after the feeding begins, stop the food until everything clears up; then return to the feeding as usual.

Once upon a time I was chased from pillar to post—taxed to the uttermost—to find suitable foods. Those were days of "try this," "try that," and "try the other thing." I had the usual success of the guessing school; namely, when the guess hit, it hit, and when it missed, it missed; and I knew the reason for the one as well as I knew the reason for the other.

If there is a Fools' Paradise anywhere on earth, it is surely practicing medicine according to the standards.

Never feed between meals, and if a child is taken care of properly, there is no excuse for sickness. Always bear in mind that sickness comes from breaking health laws. Learn the law, and obey.

CHRONIC DIARRHEA.

Children with chronic diarrheas should be treated as follows: Stop all food except the fruit juices, and give them three times a day until the bowels have righted themselves. After that, give one regular feed a day, with two of fruit; and then increase slowly, as the child's bowels can stand it.

THE MORE COMMON AILMENTS OF CHILDHOOD

Hives.—Give soda bath; a tablespoonful of baking-soda and a gallon of water. Drop one feed a day, or two if necessary, until the hives are gone.

Rough clothing—starched clothing—strong soap, and harsh skin-rubbing may cause skin disease. Remove the cause.

Crust on scalp comes from not washing the scalp enough. A fine-tooth comb should be used to comb off all dead skin. Use olive oil evenings, and castile soap of a morning. Keep the scalp clean. Care should be taken not to injure the scalp.

Bed-wetting is to be overcome by careful diet, after a child is old enough to be weaned and put on regular eating. Give only dry food after twelve o'clock noon.

Scurvy comes from feeding artificial foods, and from abstinence from fruit and vegetable juices. Stop all other food for a few days, and feed fruit. Then regularly give one meal of fruit each day.

Constipation and *diarrhea* may cause convulsions. To cure, remove cause.

Thrush is the first symptom of acid poisoning, scurvy next—fruit juice the cure.

Colds come from *overeating* and often from *sugar poisoning.* Stop all food; give nothing but water or a little fruit juice. Clear out the bowels with enemas.

Earache.—Put warm oil in ear; put hot cloth or hot-water bottle to ear. It may come from teething; it may come from a light form of diphtheria or scarlet fever. If necessary, get the family physician's advice.

Croup can be relieved with hot bath. If croupy cough comes on in the evening, and continues to do so for a few days, the child not appearing to be sick, call the family physician and see if there is need of uneasiness. Diphtheria or true croup often comes on very gradually.

Cry of temper comes and goes. When the child's wish is granted, the cry stops. Many mothers are fooled into medicating a child because of an angry cry, mistaking it for the cry of hunger or sickness.

Colic.—A young child may have colic. The diagnostic symptom is: The child will be forced out of a quiet sleep, crying and drawing the legs up. When the pain subsides, the child will go off to sleep, to awaken again in pain, with the feet and legs drawn up, and crying.

Treatment: Stop feeding until well. Use enemas of a teaspoonful of baking-soda and a quart of water.

Always warm a child, it matters not what is the matter. Put in hot bath, or put on hot applications.

The cry of hunger is stopped at once when food is given; the child eats and then sleeps.

Fretfulness means discomfort, and food will change a discomfort into a sickness. If the stools have white curd in them, stop food and clear out the bowels; then feed one-fourth the regulation amount, and increase as the digestion improves. The stools will indicate.

Chapter VI

MISCELLANEOUS

THE FOUR GOLDEN RULES

T IS well for mothers to be governed, from the birth of their children until they are grown, by four rules. These are my Golden Rules:

Rule No. 1.—Never feed a child when it is feeling uncomfortable. When a child is fretful, cross, and irritable, it is safe to decide that the child is not well—that it is feeling uncomfortable. The next meal due should be left out, and if the discomfort continues from that meal time until the next, give no food. Continue to go without food until the child is comfortable.

How will the mother know when this state is reached? The child will become good-natured, begin to pay attention to objects around it, and show signs of amusing itself. Then it should be fed about one-half what it is in the habit of taking. If discomfort returns, then it must miss the next meal, and if necessary the next; but as soon as it has the appearance of being normal from one meal time to the next, it should be fed, always giving it the same food that it has been in the habit of taking, and in about half the quantity taken before it became uncomfortable.

Rule No. 2.—Never feed a child that has no relish for food—that is, has no relish for the food that it has been

in the habit of taking. When offered its regular meal, and the child refuses, it should be offered no food again until the next regular feeding time. It is positively necessary that this rule be carried out, if mothers would help their children avoid sick spells.

Rule No. 3.—Help the child avoid overeating. How can this be done? Watch symptoms—watch the condition of the bowels. When there are signs of taking a little too much food, reduce the amount given, and continue to reduce a little every day, until the proper amount is found. What is the proper amount of food for a child? All that it can take without discomfort, and without showing signs of indigestion. Since a child will show white curds in the stools when it is taking too much milk, the amount should be cut down until the proper quantity is found.

Rule No. 4.—Thoroughly masticate and insalivate all food. Children must be held back and prevented, if possible, from bolting food. They must be taught as early as possible to keep food in the mouth and mix it with saliva before it is swallowed.

These four rules, well observed on the part of the parents, will save them much trouble in the way of sick children.

FOREIGN BODIES IN NOSE, EARS, AND WINDPIPE

Some children are inclined to put beans, pebbles, and small pieces of almost anything into the nose or ears; and many times they carry pebbles, beans, or corn in their mouths, and by laughing or inhaling suddenly will draw the object into the trachea. Where this occurs, a physician must be sent for at once. The child should be held up by the heels, its head down, and gently pounded on the back. If the object is not dislodged in this way, the effort

at getting it dislodged should be kept up until the doctor arrives.

Beans or corn pushed into the nose can be very easily removed by bending a piece of wire; or a very slender hairpin may be pushed in around the object to be pulled out. If by gentle manipulations of this character the mother or nurse is unable to extract the object, a physician should be sent for.

As the cavity of the ear is not very deep, and quite sensitive near the eardrum, children are not inclined to put anything very far into the ear. A small object put into the ear can easily be taken out by a small pair of forceps.

Occasionally a child is found that will introduce pebbles, corn, peas, or beans into the vagina. This sometimes is done, and parents will know nothing about it. Finally their attention will be called to a discharge—a form of leucorrhea. When a discharge is in evidence, a fountain syringe may be used to cleanse the mouth and inside of the vagina. A small rectal tube may be used for the purpose, with a quart of warm water and a heaping teaspoonful of baking-soda. If any object can be seen, it may be removed with a small wire or hairpin. If it cannot be reached, a physician should be called.

CARE OF THE BREASTS AFTER CHILDBIRTH

If the breasts are not abused, there is not much danger of abscess. Breast-pumps are abscess-builders, and, when circumstances force their use, it should be done by someone who is skilled in their manipulation. It should be considered a misfortune when a mother requires a breast-pump to be used.

Many authors declare that abscess of the breast is caused from catching cold, etc. My experience does not justify me in agreeing with this statement. I believe that

invariably the breasts have been bruised; hence care should be exercised not to bruise the breasts.

How to dry up milk.—Many resort to drawing the milk with a breast-pump to relieve the accumulation after a child has been taken away from the breasts. This is a mistake. If the breasts become sensitive or feverish and painful, warm applications may be placed over them, but no milk should be removed. After the breasts have been swollen to the fullest extent for about twenty-four hours, they will gradually decline, and the milk will dry up very rapidly. There is no danger of abscess forming from neglect of pumping the breasts; it is the pumping that causes the abscess to develop. All a mother needs to do is to let her breasts alone. If they get very heavy and badly swollen, she should lie down and place something warm on them, and console herself with the fact that it will not be more than a day or two before everything will be all right.

HINTS FOR MOTHERS

"A hint to the wise is sufficient."

Bathing.—At birth, if baby is exhausted from a long, hard labor, oil its body with olive oil or white vaseline, and postpone washing for a day or more. Water should be blood heat—ninety-eight degrees.

When *baby* is strong, it *may be washed* as soon as born. Use castile soap—no perfumery; use talcum powder—no other powders.

Clothes should be soft cotton or linen; a wool skirt from shoulders down. Clothes should not be starched.

Night-dresses should open in the back, so that they may be separated to the waist to prevent getting wet every time the child urinates.

Clothing should be made of wash-goods; made simple, not expensive. There should be many garments, so as to change frequently—every day or oftener; often enough to keep baby sweet and clean.

Wash with warm water as often as diapers are changed. It is necessary to keep all urine smell away.

Diapers should be of soft goods, and washed as soon as taken off, *if only soiled with urine.*

Temperature of room where baby lives should be about seventy degrees. It should be eighty degrees when baby is to be washed.

Before *bathing,* have every article needed on a tray that may be placed on a chair or table near by. The clothes may be on a clothes-horse. Everything should be within reach.

Eyes, nose, and *mouth* should not receive any attention beyond ordinary washing, unless there appears to be need of doing so.

The doctoring habit.—Doctoring anything and everything, in season and out of season—indeed, when there is no need—is a species of fanaticism to avoid.

Cleanliness is all that is necessary in the care of children.

Soap in eyes.—Only a clumsy person will allow soap to get into the eyes of a baby.

How to lift baby in and out of bath, or handle a naked baby.—Slip left hand under shoulders and up to neck; allow child's body to rest on arm while neck and base of head are resting between the thumb and forefinger; then the right hand may be under the buttock or hold the feet and legs. This sort of grip will make the baby safe from slipping out of the hands.

Babies should be dressed very lightly in hot weather.

When the evenings are cool, they should have more clothing put on them.

Children chill very easily.

Night air.—At night there is no other air than night air.

How to give an enema.—When a child is suffering from distention of the bowels and constipation, it is necessary to get the bowels to move as soon as possible.

Put a heaping teaspoonful of salt into a quart of warm water. Fill a fountain syringe, and introduce as much into the bowels as possible. The fountain should be hung not more than three feet above the child's body. The nurse or mother should avoid a very great fall for the water—too much force must not be used. If one enema does not move the bowels satisfactorily, use another, and another, until the bowels are cleared out. Sometimes a warm bath should be given if the child is suffering a great deal of pain. Have the water as warm as the child can bear. The water at first may be pleasantly warm. Place the child in it, and then add hot water until the bath is as hot as prudent for a young child, which should not be above ninety degrees. While the child is taking the hot bath, the enema may be used, allowing the discharge to take place in the bath-tub.

If it is necessary to give an enema to a baby, use a fountain syringe or a small bulb syringe. The latter is too small to be of much use except to empty the rectum. An oilcloth may be spread over the lap of the nurse, with diapers over it, allowing both oilcloth and diapers to fall down into a large pail or slop-jar. Turn the child on its left side while giving enema. The discharge will thus be allowed to flow down into the jar.

Much more could have been written—a larger book could have been made; but this is my offering to mothers —to parents. I believe that everything necessary to aid parents in starting their children right in the line of health may be found in this little book.

As a parting word, I shall say to those who want to realize the greatest good: Follow the instructions as given. Ideal results will not come from *pretty nearly following* instructions.

It has been my endeavor to avoid superfluous advice, and everything that I have suggested is the result of years of experience.

My best wishes accompany this little book. If parents secure the benefit that it is my wish they should, my efforts will have been fully rewarded.

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